

# PUBLIC HEALTH REPORTS

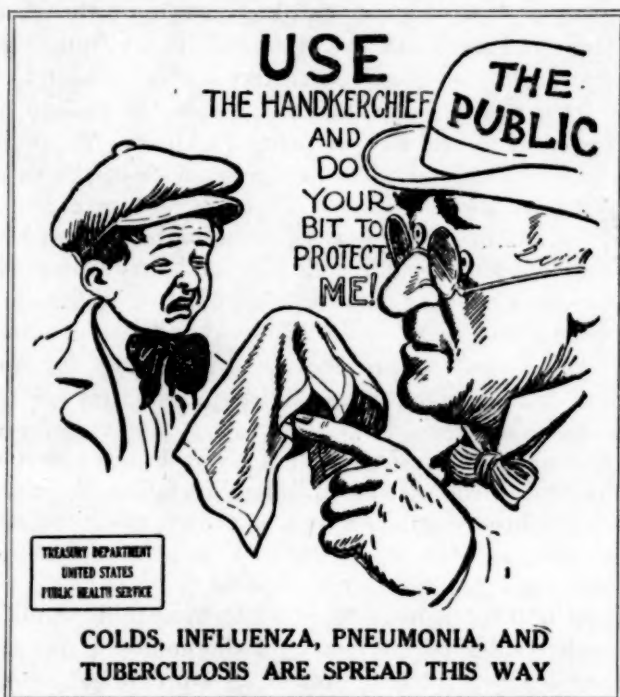
VOL. 33

NOVEMBER 15, 1918

No. 46

## DROPLET INFECTION EXPLAINED IN PICTURES.

The Bureau of the Public Health Service, Treasury Department, has just issued a striking poster, drawn by Berryman, the well-known Washington cartoonist. This shows at a glance and in language understood by everybody just how influenza and other respiratory diseases may be guarded against. The poster exemplifies the modern method of health education. Not so many years ago, under similar



circumstances, the health authorities would have issued an official, dry, but scientifically accurate, bulletin teaching the rôle of droplet infection in the spread of respiratory diseases. The only ones who would have understood the bulletin would have been those who already knew all about the subject; the man in the street, the plain citizen, and the many millions who toil for their living, would have had no time and no desire to wade through the technical phraseology.

Copies of this poster can be obtained free of charge by writing to the Surgeon General, United States Public Health Service, Washington, D. C.

**EPIDEMIC INFLUENZA.****PREVALENCE IN THE UNITED STATES.**

In the Public Health Reports of November 8 was published a table presenting in as brief form as possible a statistical statement of the influenza epidemic in the United States up to and including the week ended November 2, 1918. In the present issue this table has been brought up to date by including the week ended November 9<sup>1</sup> and by making changes in previous figures in accordance with more recent information.

The table is based on telegraphic and mail reports to the Public Health Service. The mortality figures for cities have been checked wherever possible, with reports to the Bureau of the Census. It should be kept in mind that the statement is far from being complete for any locality or State, particularly with respect to cases of influenza. Influenza was not made a reportable disease until the epidemic was well under way in many localities. In perhaps the great majority of localities where the prevalence of the disease was severe, physicians were too busy to make accurate and prompt reports to local health authorities. Furthermore, it must be obvious that the complete and regular collection and forwarding of reports from a large proportion of counties and towns in practically every State was almost impossible under the extraordinary conditions that prevailed. For these reasons city or State totals for any given week are not exact or even more than approximately accurate. In some cases there are reasons to believe that they are far from accurate, and in nearly all instances, it is believed, the reported figures properly may be considered as considerably below the actual ones. Estimates have been employed in a few instances, but when estimates were necessary those reported by local or State health authorities have been used whenever possible.

With these limitations in mind, the following table should be used only as a rough index of the course of the epidemic in various sections of the country. It is presented as a preliminary compilation of such data as are now available, since the present data are being supplemented with information that, it is believed, will be more accurate and complete.

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<sup>1</sup> In order to assist States in furnishing reports of influenza, the Public Health Service authorized the sending of daily telegraphic reports of influenza at the expense of the Government. These were usually sent by the cities to the States, which telegraphed the compiled information to the bureau. Owing to the decline in the epidemic in most parts of the country, the sending of such telegrams was stopped, except in a few cases, soon after the first of November. As a result the figures for the last part of the week ended November 9 are frequently missing.

**Cases of Influenza and Deaths from Influenza and Pneumonia (All Forms) as  
Reported to the United States Public Health Service.**

**NEW ENGLAND STATES.**

	Week ending—								
	Sept. 11.	Sept. 21.	Sept. 28.	Oct. 5.	Oct. 12.	Oct. 19.	Oct. 26.	Nov. 2.	Nov. 9.
<b>Maine:</b>									
Number of localities re- porting.....			3	1	14	22	47	29	24
Cases.....			1,900	1,000	4,168	1,470	6,754	1,667	<sup>1</sup> 1,167
Deaths.....					27	41	187	88	<sup>2</sup> 27
<b>New Hampshire:</b>									
Number of localities re- porting.....			1	6	8	11	3	1	
Deaths.....				98	393	52	53	4	
Nashua—Deaths.....				13	57	24	14	4	<sup>3</sup> 0
<b>Vermont:</b>									
Number of localities re- porting.....			(?)	6		98	106		
Cases.....			<sup>4</sup> 6,452	4,722		6,949	<sup>5</sup> 4,576		
<b>Massachusetts:</b>									
Number of localities re- porting.....			(*)	(*)	(*)				
Cases.....			50,000	45,400	40,000				
Boston—Deaths.....	46	265	775	1,214	1,027	589	226	137	76
Cambridge.....	7	4	105	140	115	63	21	19	5
Fall River—Deaths.....		9	20	97	201	192	97	140	24
Lowell—Deaths.....	1	8	32	93	141	116	84	30	8
<b>Connecticut:</b>									
Number of localities re- porting.....									
Cases.....			<sup>7</sup> 9,000	<sup>8</sup> 9,000	<sup>9</sup> 30,000	<sup>6</sup> 22,534	<sup>10</sup> 10,895	7,900	
Deaths.....						<sup>7</sup> 2,625	1,229	1,600	

**MIDDLE ATLANTIC STATES.**

<b>New York:</b>									
Number of localities (ex- cluding New York City).....				61	61	61	61	55	
Deaths.....				<sup>3</sup> 395	1,400	2,719	3,253	1,906	
<b>New York City—</b>									
Cases.....		127	1,294	7,197	21,059	37,884	30,736	27,564	<sup>1</sup> 3,827
Deaths.....			161	739	2,082	4,217	5,158	4,402	2,281
<b>New Jersey:</b>									
Cases.....						77,215	30,317	11,537	<sup>2</sup> 2,026
Deaths.....						<sup>3</sup> 3,713	1,557	903	<sup>4</sup> 154
<b>Pennsylvania:</b>									
Entire State (excluding Philadelphia—Deaths)				573	1,765	5,076	<sup>5</sup> 5,210	6,270	5,276
Philadelphia—Deaths.....				1,625	3,060	4,218	2,341	1,203	375

**EAST NORTH CENTRAL STATES.**

<b>Ohio:</b>									
State—Cases.....						<sup>1</sup> 125,000			
Number of cities report- ing cases.....					6	5	70	68	48
Cases.....					4,403	3,782	26,125	17,044	<sup>2</sup> 5,933
Number of cities report- ing deaths.....					4	18	70	68	48
Deaths.....				21	311	700	1,541	1,613	<sup>3</sup> 794
<b>Indiana:</b>									
Entire State (excluding Indianapolis)—Cases.....						<sup>4</sup> 16,170	<sup>5</sup> 9,666	6,081	5,714
Indianapolis—									
Cases.....					<sup>1</sup> 1,510	1,881	1,577	605	330
Deaths.....	3	6	10	24	46	128	115	86	61

<sup>1</sup> Total for month of September, 1,544 cases.

<sup>2</sup> Four days.

<sup>3</sup> Five days.

<sup>4</sup> Total to date for month of September.

<sup>5</sup> Week ending Oct. 21.

<sup>6</sup> Estimate for State.

<sup>7</sup> Total to date.

<sup>8</sup> Estimated.

## Cases of Influenza and Deaths from Influenza and Pneumonia (All Forms) as Reported to the United States Public Health Service—Continued.

## EAST NORTH CENTRAL STATES—Continued.

	Week ending—							
	Sept. 14.	Sept. 21.	Sept. 28.	Oct. 5.	Oct. 12.	Oct. 19.	Oct. 26.	Nov. 2. Nov. 9.
<b>Illinois:</b>								
State—Cases.....				5,185	27,767	37,355	43,825	8,402.....
Chicago—								
Cases.....				2,210	7,722	12,183	11,846	4,947.....
Deaths.....			91	417	1,047	2,106	2,367	1,470 738
<b>Michigan:</b>								
State—								
Cases.....						11,083	21,541	11,316.....
Deaths.....						258	922	624.....
<b>Wisconsin:</b>								
Number of localities (excluding Milwaukee).....						13	12	10.....
Cases.....						3,379	4,875	2,655.....
Milwaukee—								
Cases.....						2,117	2,056	918 227
Deaths.....	4	5	13	15	69	113	175	125 95

## WEST NORTH CENTRAL STATES.

<b>Minnesota:</b>								
Number of localities reporting.....					47	55	97	( <sup>6</sup> ).....
Cases.....			7108		1,390	6,757	26,553	11,000.....
<b>Iowa:</b>								
Entire State—								
Cases.....					1,062	17,040	21,117	5,025 3,424
Deaths.....					13	115	184	112.....
Des Moines—								
Cases.....					562	751	542	112.....
Deaths.....					7	13	8	9.....
<b>Missouri:</b>								
Number of localities reporting.....					6	16	30	25 12
Cases.....					117	3,619	9,654	6,426 2,552
Deaths.....					103	318	602	661 229
St. Louis—								
Cases.....		( <sup>9</sup> )			1,904	4,043	3,890	2,376 2,719
Deaths.....					86	186	233	257 229
St. Joseph—Deaths.....						85	111	50 23
Kansas City—Deaths.....	5		10	37	96	168	193	197 115
<b>North Dakota:</b>								
Number of localities reporting.....						15	19	9.....
Cases.....			10,728		( <sup>11</sup> )	12,777	1,848	1,096.....
Deaths.....							114	74.....
<b>South Dakota:</b>								
Entire State—								
Cases.....			77	288	1,496	6,432	6,906	5,747 4,718
Deaths.....						88	195	218 128
<b>Nebraska:</b>								
Number of localities reporting.....						66	118	( <sup>14</sup> ).....
Cases.....						17,000	20,835	13,104 7,540
Deaths.....							1,495	276 136
Omaha—Deaths.....	1		2	7	68	160	147	94.....
<b>Kansas:</b>								
Number of localities reporting.....				( <sup>14</sup> )	123	126	92	( <sup>14</sup> ).....
Cases.....			81	1,327	10,569	14,892	12,154	8,205 6,680
Topeka—								
Cases.....			4	25	330		409	165.....
Deaths.....				1	9		30	12.....

<sup>1</sup> Oct. 26: Epidemic abating in northern section; at or just beyond crest in southern portion; severe in rural and mining sections. Crest apparently reached in Chicago.

<sup>2</sup> 38 localities, exclusive of Chicago.

<sup>3</sup> Four days.

<sup>4</sup> Total, Oct. 1-18, inclusive.

<sup>5</sup> Five days.

<sup>6</sup> Estimate for entire State. For entire State 475 deaths were reported.

<sup>7</sup> Total to date. Epidemic reported to be abating.

<sup>8</sup> For less than 100 localities.

<sup>9</sup> No outbreak reported on Sept. 19.

<sup>10</sup> Total for September.

<sup>11</sup> Cases reported Oct. 1 to 15 for State, 5,833.

<sup>12</sup> For 2 days only.

<sup>13</sup> For 6 days only.

<sup>14</sup> Entire State.

<sup>15</sup> Estimated.



**Cases of Influenza and Deaths from Influenza and Pneumonia (All Forms) as  
Reported to the United States Public Health Service—Continued.**

**SOUTH ATLANTIC STATES.**

	Week ending—								
	Sept. 14.	Sept. 21.	Sept. 28.	Oct. 5.	Oct. 12.	Oct. 19.	Oct. 26.	Nov. 2.	Nov. 9.
Delaware <sup>1</sup> .....		( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )	( <sup>2</sup> )
Maryland:									
Cases .....			<sup>3</sup> 1,713	5,302	24,300	.....	10,300	6,376	3,220
Baltimore—									
Cases .....				3,205	9,300	5,227	2,700	600	85
Deaths .....	7	5	19	117	563	1,357	1,073	397	147
District of Columbia:									
Cases .....				<sup>4</sup> 1,151	9,708	8,105	3,921	1,679	400
Deaths .....	10		38	181	547	606	372	154	45
Virginia:									
Number of localities re-									
porting cases .....			8	7	6	7	<sup>5</sup> 69	14	.....
Cases .....			651	8,684	9,872	10,065	37,327	8,682	.....
Number of localities re-									
porting deaths .....				1	3	4	69	14	.....
Deaths .....				36	257	339	575	190	.....
Richmond—									
Cases .....				1,643	2,634	4,717	1,415	.....	.....
Deaths .....	4	3	4	41	131	197	128	71	28
West Virginia* (excluding									
Charleston, Morgantown,									
and nitro plant):									
Number of localities re-									
porting .....						45	39	.....	.....
Cases .....						9,641	3,058	7,170	<sup>7</sup> 2,031
Deaths .....						101	204	<sup>8</sup> 405	<sup>7</sup> 173
Charleston—									
Cases .....			7	94	892	718	345	182	67
Deaths .....				2	29	32	74	50	19
Morgantown—									
Cases .....				134	450	498	323	237	117
Deaths .....					7	8	12	8	7
North Carolina:									
Number of localities re-									
porting .....				29	40	27	52	50	42
Cases .....				1,188	12,080	12,259	10,605	9,886	<sup>9</sup> 3,863
Deaths .....						361	462	634	<sup>9</sup> 239
South Carolina:									
Number of localities re-									
porting .....			7	17	50	65	94	78	.....
Cases .....			510	3,514	17,000	16,837	9,894	3,527	.....
Charleston—									
Cases .....						<sup>4</sup> 2,393	811	<sup>8</sup> 208	.....
Deaths .....						41	69	<sup>8</sup> 14	.....
Columbia—Cases .....			2	1,253	4,427	1,500	474	87	6
Greenville—									
Cases .....			25	225	1,615	631	613	166	3
Deaths .....							5	.....	.....
Spartanburg—Cases .....			7	59	188	299	246	190	49
Georgia:									
State—									
Cases .....						6,304	<sup>9</sup> 9,637	<sup>4</sup> 4,287	.....
Deaths .....						68	<sup>8</sup> 308	<sup>8</sup> 138	.....
Augusta—Cases .....			3	34	371	337	239	254	153
Atlanta—									
Cases .....				14	836	1,594	<sup>9</sup> 508	368	134
Deaths .....	7		4	7	30	81	101	<sup>9</sup> 39	34
Columbus—Cases .....				1	450	828	<sup>9</sup> 590	389	169
Florida:									
Number of localities re-									
porting .....					28	28	28	27	<sup>7</sup> 10
Deaths <sup>10</sup> .....					297	428	338	193	<sup>7</sup> 34
Jacksonville—Deaths <sup>10</sup> .....					171	192	71	17	<sup>7</sup> 4

<sup>1</sup> About Oct. 1-15 epidemic apparently highest; since then improving.

<sup>2</sup> No reports.

<sup>3</sup> Total for September.

<sup>4</sup> For 5 days.

<sup>5</sup> Except Oct. 26.

<sup>6</sup> General condition in State improving. Coal-mining districts greatest problem.

<sup>7</sup> For 3 days.

<sup>8</sup> For 6 days.

<sup>9</sup> Pneumonia only.

<sup>10</sup> By date of death; subject to correction.

# Cases of Influenza and Deaths from Influenza and Pneumonia (All Forms) as Reported to the United States Public Health Service—Continued.

## EAST SOUTH CENTRAL STATES.

	Week ending—								
	Sept. 14.	Sept. 21.	Sept. 28.	Oct. 5.	Oct. 12.	Oct. 19.	Oct. 26.	Nov. 2.	Nov. 9.
<b>Kentucky:</b>									
Number of localities reporting.....			( <sup>1</sup> )		( <sup>2</sup> )	2	4	19	19
Cases.....						4,865	2,128	3,452	2,449
Number of localities reporting deaths.....						6	6	19	19
Deaths.....						513	316	290	131
<b>Tennessee:</b>									
Knoxville—									
Cases.....						5,580	1,460	592	256
Deaths.....						58	40	22	18
Memphis—Deaths.....					80	182	166	71	29
Nashville—Deaths.....	2		3	5	129	193	127	54	53
<b>Alabama:</b>									
Number of localities reporting.....			9	35	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )
Cases.....			260	5,340	12,898	19,891	17,633	5,101	1,990
Birmingham—									
Cases.....					5,000	2,444	( <sup>1</sup> )	166	
Deaths.....	2	2	5	17	61	110	135	85	137
<b>Mississippi:</b>									
Entire State—Cases.....						22,757	23,339	14,450	3,412

## WEST SOUTH CENTRAL STATES.

<b>Arkansas:</b>									
State (excluding Little Rock)—									
Cases.....						12,561	12,341	6,864	
Deaths.....							286	188	
Little Rock—Cases.....			33	1,098	3,557	2,844	506	195	94
<b>Louisiana:</b>									
State—Cases.....			11 1,900		15,494	47,062	50,859	35,205	13,607
New Orleans—									
Cases.....					7,641	17,070	13,810	4,225	724
Deaths.....			3	20	127	447	813	371	158
<b>Oklahoma:</b>									
Number of localities reporting.....				24			28	( <sup>12</sup> )	23
Cases.....				1,249		12 20,619	14 16,290	5,511	2,650
Deaths.....								311	
Oklahoma City—									
Cases.....							383	120	41
Deaths.....					81	79	52	40	9
<b>Texas:</b>									
Cases—State.....						( <sup>13</sup> )	( <sup>14</sup> )	3,801	
Deaths.....								287	
El Paso—Deaths.....					25	108	184	82	50
Galveston—									
Cases.....					337	340	269		
Deaths.....					10	21	33		

## MOUNTAIN STATES.

<b>Montana:</b>									
Number of localities reporting.....							14	( <sup>12</sup> )	( <sup>13</sup> )
Cases.....					12 2,000	13 3,579	3,524	3,925	

<sup>1</sup> Epidemic in Louisville abating; 1,000 in all.

<sup>2</sup> 312 cases on hand in Louisville.

<sup>3</sup> To date.

<sup>4</sup> For State.

<sup>5</sup> Epidemic reported to be "about spent."

<sup>6</sup> No report.

<sup>7</sup> Influenza only.

<sup>8</sup> For 6 days.

<sup>9</sup> Estimated number of cases based upon number of physicians reporting, approximately 38,000 for week ended Nov. 2.

<sup>10</sup> For 3 days.

<sup>11</sup> Estimated.

<sup>12</sup> For entire State.

<sup>13</sup> Epidemic stated to be probably at height.

<sup>14</sup> Improvement in some sections; spread in rural sections noted. Figures are for 4 days.

<sup>15</sup> 33,878 cases in 121 counties to date.

<sup>16</sup> 72,210 cases and 1,367 deaths to Oct. 24.

<sup>17</sup> Incomplete report for state.

<sup>18</sup> Estimate for State.

<sup>19</sup> Reported for State.

**Cases of Influenza and deaths from Influenza and Pneumonia (All Forms) as  
Reported to the United States Public Health Service—Continued.**

**MOUNTAIN STATES—Continued.**

	Week ending—								
	Sept. 14.	Sept. 21.	Sept. 28.	Oct. 5.	Oct. 12.	Oct. 19.	Oct. 26.	Nov. 2.	Nov. 9.
<b>Idaho:</b>									
Number of localities re- porting.....					1	15	9	9	7
Cases.....					43	390	1,772	1,039	1,369
Deaths.....						5	12	31	25
<b>Wyoming:</b>									
State—									
Cases.....			16,506			2,500	1,514	840	
Deaths.....						65			
<b>Colorado:</b>									
Number of localities re- porting.....		1	1	2	5	10			
Cases.....						635	3,552	4,804	2,080
Deaths.....				9	26	125	1,612	411	200
Denver County—Deaths.					89	250	240	177	162
<b>New Mexico:</b>									
Number of localities re- porting.....				6	13		20	20	19
Cases.....				152	601	6,775	3,522	4,362	2,128
Deaths.....				2	45	194	348	508	221
<b>Arizona:</b>									
Cases.....				260	1,016	3,530	2,320	1,491	925
Deaths.....					5	72	239	124	35
<b>Utah:</b>									
Number of localities re- porting.....							11	11	2
Cases.....							864	992	279
Deaths.....							73	85	47
<b>Nevada:</b>									
Entire State—									
Cases.....							360	381	106
Deaths.....							24	25	23

**PACIFIC STATES.**

<b>Washington:</b>									
Entire State—									
Cases.....						5,580	7,339	10,028	1,715
Deaths.....							268	255	55
<b>Sentile—</b>									
Cases.....					2,652	2,169	2,215	2,181	600
Deaths.....				3	33	77	158	104	85
<b>Oregon:</b>									
Entire State—									
Cases.....			(13)			2,330	2,745	3,760	4,615
Deaths.....						32	122	222	204
<b>Portland—</b>									
Cases.....						879	1,119	1,354	2,092
Deaths.....						15	86	142	156
<b>California:</b>									
Entire State—Cases.....			57	505	4,501	28,315	42,934	27,000	20,000
San Francisco—									
Cases.....			10	26	486	4,168	8,682	7,168	1,302
Deaths.....	6	14	15	15	19	130	553	738	414

<sup>1</sup> Incomplete.

<sup>2</sup> For 4 days.

<sup>3</sup> Total to date.

<sup>4</sup> Total on Oct. 16.

<sup>5</sup> Incomplete. On Oct. 23 epidemic reported as subsiding except in districts recently invaded.

<sup>6</sup> For 5 days.

<sup>7</sup> For entire State, 6 days. Reported that epidemic abating east of mountains, but at its height in and west of mountains, and serious in mining sections.

<sup>8</sup> For 5 days.

<sup>9</sup> Improvement in larger towns; epidemic spreading to rural sections.

<sup>10</sup> For 3 days.

<sup>11</sup> Five days, for Ogden and Salt Lake City.

<sup>12</sup> For 2 days.

<sup>13</sup> No cases to report.

<sup>14</sup> Except for Oct. 23.

From the beginning of the epidemic to and including November 9 a grand total of approximately 129,000 deaths from influenza and pneumonia (all forms) had been reported to the Public Health Service.

The following paragraphs summarize data received from November 10 up to and including November 14:

*California.*—The prevalence of influenza has been greatly reduced in cities, but the disease is still prevalent in some rural districts. It is not prevalent generally. Los Angeles is still reporting about 500 cases a day, but the general trend is downward. (Preceding statement made November 12.)

*Illinois.*—On November 14 it was stated that the northern and central sections were practically free from influenza, but that the southern section, especially coal-mining regions, was still seriously affected.

*Kansas.*—The epidemic was stated on November 12 to be appreciably declining except in the extreme and central western counties of the State, where it is at its height.

*Maine.*—It was stated on November 13 that the epidemic was on the wane.

*Maryland.*—Information received on November 11 is to the effect that the course of the epidemic has been along the line of travel, present cases occurring in the rural districts. The virulence of the disease is believed to have been greatest in the places first attacked.

*Massachusetts.*—On November 12 it was stated that the Boston epidemic had practically subsided, but that numerous cases were expected to be reported for a considerable period, perhaps for the entire winter.

*New Jersey.*—It was stated on November 11 that the disease was still unusually prevalent in New Jersey, but that there had been a marked decrease in the number of cases reported.

*Oklahoma.*—On November 11 it was stated that the disease practically did not exist in epidemic form at that time, that the cases then being reported were scattered widely.

*South Carolina.*—Marked and continuous improvement was reported on November 9 from South Carolina. The State quarantine against the disease has been lifted.

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## PUBLIC HEALTH ADMINISTRATION IN NEW MEXICO.

By J. W. KERR, Surgeon, United States Public Health Service.

In order to promote efficiency in health matters during and after the war, a survey of sanitary organization and administration in New Mexico was begun under department orders of September 16, 1918. For this purpose the existing laws were analyzed, conferences were had with State and local health authorities, and inspections of

health activities were undertaken in a number of localities. These localities included Las Vegas, Santa Fe, Albuquerque, Mora, Gallup, Las Cruces, Carrizozo, Roswell, and Clovis.

For information and assistance received, acknowledgments are due and here made to members of the State board of health and medical examiners, local health authorities, and the executive secretary of the New Mexico Public Health Association.

As the nature and extent of public health administration in a State are influenced by various factors, such as geographic location, climate, population, customs, and industries, some of these will be briefly mentioned.

With an area of 122,580 square miles, New Mexico is the fourth largest State in the Union. It is embraced in the Southwestern Plateau and forms the international boundary between Mexico and the United States for a distance of approximately 130 miles. Topographically it is divisible into three general areas, extending north and south; the eastern one forms part of the Staked Plain, the middle one comprises the valley of the Rio Grande with broken mountain ranges on either side, and the western one consists of high table land, forming part of the Continental Divide. Over its greater area the elevation is very high; that is, from 4,000 to 11,000 feet, with mountain peaks here and there 12,000 feet and over. The elevation in the southern portion of the Pecos Valley, however, is as low as 3,000 feet.

Being located for the most part on the high eastern slope of the Rocky Mountains, the rainfall is light, the humidity low, and the temperature moderate, although influenced considerably by latitude and elevation. There is also an abundance of sunshine. In consequence of these conditions, the climate, though mild, is invigorating and conducive to outdoor life practically the year round.

According to the census, the population in 1910 was 327,301. In 1915 it was estimated at 430,950. About 57 per cent are Spanish-American and Mexican, 3 per cent Indian, and the rest Anglo-Americans, with a sprinkling of Negroes. The Indians are located, for the most part, on reservations or in schools under the jurisdiction of the Federal Government.

By reason of differences in origin, economic status, and habits of life, these elements of the population variously affect public health problems. Probably 60 per cent of all the inhabitants, except Spanish-Americans and Indians, are there or came there originally for the health of some member of their family. The Spanish-American element suffers increasingly from tuberculosis, and the Indian is extremely prone both to tuberculosis and trachoma. Over-crowding and unhygienic habits adversely affect both Mexicans and Indians, while economic factors affect many of the whites who come to the Southwest in search of health.



The principal industries of the State are stock raising, herding, mining, and farming. Both herding and mining give rise to special health problems, the former on account of the danger of rabies and spotted fever and Malta fever, and the latter on account of accidents and miner's consumption.

Politically the State is divided into 28 counties. These are each required to have health officers and the State a board of health. These provisions existed during Territorial days. In fact no State health laws have been passed by the legislature since New Mexico came into the Union, and there is no special mention of health conservation in its constitution. The constitution does forbid, however, annulment by the people of the necessary health laws and permits passage, without delay, of laws relating to health and safety.

#### **The State Board of Health and Medical Examiners.**

*Organization.*—As required by law, the State board of health consists of seven members, who must be reputable physicians and residents of the State for periods of five years or more. They are appointed by the governor for periods of four years, the appointment being made so that the terms of four will expire one year and three two years later.

The board is required to organize, one of its members being elected president, one vice president, one secretary, and one treasurer.

Regular meetings are required to be held at Santa Fe the second Monday in January, April, July, and October, and special meetings may be called by the president, who is required to notify the other members in writing of the purposes of such meetings. At the regular meetings two days' sessions are required to be held. In the discharge of their duties board members receive \$5 per day and necessary expenses.

*Powers and duties.*—The powers and duties of the board as specified by law are, in summary, as follows:

1. To make necessary regulations respecting nuisances, sources of filth, and causes of sickness applicable in any county, city, town, or village, or part of any county, city, town, or village.
2. To examine into all nuisances, sources of filth, or causes of sickness injurious to the health of the inhabitants of the State or of any county, city, town, or village, or any part of any county, city, town, or village in the State.
3. To examine into nuisances, sources of filth, or causes of sickness aboard railway cars, and to make regulations for the control and abatement of the same.
4. To order owners of private property, or those who have committed nuisances thereon, to remove nuisances, sources of filth, or causes of sickness within 24 hours.
5. In default of action by the owner or occupant of private property, to cause the removal of nuisances, sources of filth, or causes of sickness at the expense of such owner or other person as may have caused the same.
6. To make regulations for the public health and safety respecting articles of personal property or real estate which may be capable of harboring or conveying infection

or creating sickness. This provision includes all such articles of personal property conveyed from one part of the State to another or brought from other States.

7. To enter any building, car, or other premise when deemed necessary in order to abate, destroy, or prevent any nuisance, source of filth, or cause of sickness or danger to life or limb.

8. In case of refusal of entry, to complain to a justice of the peace and secure the issue of a warrant to the sheriff authorizing such entry with him for the prevention of sickness or danger to life or limb.

9. To make regulations in the interest of the public health for trains, provided the same do not conflict with the laws and Constitution of the United States.

10. To convince local courts of danger of infectious baggage, clothing, or goods of other kind, it then being the duty of the sheriff or constable to establish guards when they are necessary. The warrant from the court requiring police officers to act may also require the police officers, under the direction of the board of health, to rent, impress, or otherwise procure convenient storage places for infected goods.

11. To quarantine persons dangerous to the public health by removing them to a separate house, the expense to be borne by the person quarantined, unless he is indigent.

12. To quarantine infectious persons in their own premises, to remove contacts in the house and persons in the neighborhood, and to take such other precautions in respect to the patient as may be necessary in the interest of the public health.

13. To prevent the spread of infectious diseases dangerous to the public health, quarantining patients, and placarding premises for the purpose.

14. On complaints received under oath to investigate the suspected occurrence of infectious diseases and quarantine the same in any precinct or county within the State.

15. To investigate the suspected occurrence of diseases dangerous to the public health in territory surrounding the State. If the president of the board deems it necessary he may convene a meeting of the board which shall see to it that the public health and safety are protected.

16. To appoint health inspectors for the purpose of examining passengers from infected districts in other States, countries, or parts of countries, and to license the entry of those restrained by the inspectors.

17. To authorize county commissioners, city councils, and town trustees to proclaim quarantine against localities other than their own under regulations issued presumably by the board; notice to be given the public by newspaper publication.

18. To make provision for the inoculation of the inhabitants of the State with cow-pox vaccine under the direction of the county health officers. This includes adults as well as school children.

19. To make regulations relating to vaccination not in conflict with laws of the State or United States; such regulations to be published, recorded as a part of the proceedings of the board, and filed with the secretary of state.

20. To license without examination any reputable person to practice medicine who is a graduate of a medical college in good standing; to examine and license reputable graduates of any reputable college in addition to colleges of good standing; to refuse to license any person guilty of unusual, dishonorable, or unprofessional conduct and to revoke licenses already issued to such persons.

*Activities of the board.*—The essential activity of the board thus far has been the licensing of candidates to practice medicine and this appears to be so because no funds have ever been provided for any other activity with the following exception. Recently through the State Council of Defense, funds became available to combat venereal disease as a war measure. In consequence, regulations were issued

March 29, 1918, by the board under its authority. They are summarized as follows:

1. Syphilis, gonorrhea, and chancroid are declared communicable and dangerous to the public health.

2. Except under certain conditions the diseases mentioned are required to be reported by serial numbers by physicians to the local health officer, who is to report them in turn to the State board of health. Physicians are also required to keep records of all such patients.

3. Health officers are authorized to quarantine venereal patients, which quarantine may be terminated only by the State board of health.

4. Patients uncured are to be considered under suspended quarantine while undergoing treatment by a physician who has reported the case to the State board of health. Provision is made whereby patients may change physicians and still remain under suspended quarantine.

5. Patients under suspended quarantine who absent themselves from their physician for a week longer than the time designated by him are required to be reported by name and serial number to the State board of health, thereby becoming liable to penalty for failure to give notice. (Sec. 4610.)

6. Physicians are required to report to the State board of health cures of patients under suspended quarantine and health officers may do so on request of patients. The board then issues a "release from quarantine." The board may require further observation and tests before release.

7. Persons suspecting venereal cases are about to conduct themselves so as to transmit infection must notify the local health officer.

8. Physicians are required to try to trace the source of the infection in all cases and notify the local health officer.

9. Venereal patients are prohibited from exposing another person to infection.

10. Physicians are required to instruct patients in measures for preventing venereal disease and as to the necessity for treatment until cured and absence from sexual intercourse until rendered noninfectious.

11. Houses of prostitution are declared public nuisances and ordered closed. Hotels and similar places harboring prostitutes are deemed guilty of violation of the regulations.

12. Physicians are prohibited from giving certificates declaring persons free from venereal disease, and for such offense are declared guilty of improper, dishonorable, and unprofessional conduct, and subject to revocation of their licenses to practice.

13. Persons arrested for vagrancy, prostitution, disorderly conduct, or adultery are made subject to examination for venereal disease and quarantine if infected.

14. Information and reports concerning persons infected with venereal diseases are declared inaccessible to the public.

The president of the board has recently visited certain parts of the State for the enforcement of the above regulations and for educational work in the prevention of venereal disease.

No other regulations have ever been issued by the board under its authority, nor have investigations of nuisances, sources of filth, or causes of sickness been undertaken except in rare instances, as there were no funds with which to do so. In these instances it was necessary for the member concerned to bear his own expenses.

When the need arises for investigation of suspected infections dangerous to the public health the matter is therefore "passed up" to the county health officer.

No records of public health activities are systematically kept by the board, and it has no office or clerical force for such a purpose. In fact, it is another example all too common in public health administration of requiring "bricks without straw."

Such urgent matters as come before the board or its members and can be handled by them are so referred.

Should any board member in an emergency intervene in any epidemic situation, however, the county commissioners would have to be looked to to pay any expenses incurred if they were paid at all. The only instance cited to the contrary was by a former member. Smallpox had been so prevalent in the State as to bring complaint from the health authorities of the surrounding States to the governor, whereupon he ordered the use of a \$150 balance which had accrued to the board as a result of collection of fees from candidates for examination to practice medicine.

The secretary's official acts in the interim of meetings relate almost wholly to the enforcement of the medical practice act. On account of the epidemic of influenza, which was rapidly spreading at the time of this survey, the secretary was endeavoring, on request of the Surgeon General of the United States Public Health Service, to keep in touch with the situation and transmit any information received from local health officers to the bureau at Washington. Annually he has endeavored also to secure, by means of a circular letter to health officers, an idea of the past prevalence of certain of the communicable diseases in the State.

#### The County Health Agencies.

*Organization.*—County commissioners in their respective counties are required by law to contract annually with some reputable physician to act as county health officer. He must be a resident of the county, become subject to the orders of the commissioners, and act as their chief official in the enforcement of health regulations. In one or two counties health nurses have also been employed, and in one county visited an assistant health officer really acts as a health inspector at a salary of \$60 per month. Regulations relating to the enforcement of quarantine may be issued by county commissioners.

*Powers and duties under State statutes.*—The powers and duties of the county health officers as prescribed by law may be summarized as follows:

1. To appoint assistant county health officers with the approval of the commissioners.
2. To receive reports from physicians, householders, and other persons of the occurrence of cases of smallpox or other infectious diseases or any nuisance dangerous to the public health occurring within the limits of incorporated cities, towns, and villages.
3. To receive from justices of precincts outside the limits of incorporated cities, towns, or villages reports of the occurrence of cases of smallpox or other infectious disease or the existence of nuisances.



4. Under provisions of the State board of health to vaccinate all inhabitants, including school children, with cowpox vaccine.

5. Under proclamation of the commissioners to enforce quarantine against other locations to prevent the spread of contagious and infectious diseases.

6. To disinfect buildings, rooms, and tents on their being vacated by the tuberculous.

7. To issue permits for the removal of dead bodies.

*Activities.*—In general the activities of county health officers relate to the handling of communicable diseases and the vaccination of school children with cowpox vaccine. In addition, some supervision over the sanitation of schools is undertaken here and there and some attention paid to nuisances. On account of the amount of work performed, the compensation paid is small. In the counties visited it did not exceed \$50 per month for the health officers and \$100 per month for the nurses. The activities of the latter are mainly educational in relation to communicable diseases and their control.

In certain instances the county health officer acts also as municipal health officer, in that case receiving compensation for both activities. As is usual in other States, however, the authority of the county health officer is limited to the areas outside of incorporated cities and towns. In New Mexico he has the power of constable. In cities, health work is more diversified and based not only on State laws but city ordinances.

#### **City and Town Health Agencies.**

The organization of health agencies for cities, towns, and villages appears to depend on their respective mayors and councils or trustees, although no specific statute has been found to that effect. By inference this authority is recognized in law, however, since local authorities are required to aid in the enforcement of certain of the State health laws, and they may enact ordinances supplementary thereto for the better protection of the public health.

*Powers and duties under State statutes.*—These State requirements are summarized below as follows:

1. To issue permits for the erection and maintenance of slaughterhouses within 3 miles of the plaza of towns of over 1,000 inhabitants.

2. To demand the removal of dead animals and refuse matter and forbid the dumping of sewage into any running stream, lake, pond, reservoir, or watercourse.

3. To disinfect buildings, rooms, and tents on their being vacated by the tuberculous.

4. Under authority of State board of health to proclaim quarantine against other localities.

5. To issue permits for the removal of dead bodies.

In addition to the above, it is believed cities and towns would be obliged to observe regulations of the State health board if they existed and to aid otherwise in the enforcement of State laws relating to health.



As previously stated, in addition to the above, health agencies of cities, towns, and villages may act also under local ordinances, and it is this authority under which cities and towns usually act. In fact, the ordinances of some towns contain provisions already specified in State laws. These ordinances relate generally to matters such as (a) organization of board of health, (b) reporting and handling of communicable diseases, (c) designation and abatement of nuisances, (d) supervision of milk supplies, (e) sanitary inspection of hotels, food establishments, and other public places, (f) disposal of sewage and garbage, (g) sanitation of schools, and (h) recording of births and deaths.

*Activities.*—In most of the cities and towns visited the public health activities undertaken are decidedly limited, due for the most part to lack of facilities and absence of coordinated effort on the part of the State and local officials. In certain places excellent work was being done along restricted lines and in one or two, satisfactory records were being kept of limited activities, but in others little was being accomplished. This was due in part at least to lack of general leadership. Furthermore, in a number of places there was evident need for reconsideration of relative values of the different activities and their revision accordingly.

In considering contemplated State activities it is essential to bear in mind that New Mexico is a frontier State of vast area and has a sparse though mixed population, some of whom are under the jurisdiction of the Federal Government; among its most important industries are the transcontinental railways, and its climate invites invalids in large number from other States. In consequence special health problems are likely to be met as follows: Migration of the tuberculous; introduction of smallpox and typhus fever from over the border; silicosis and hookworm disease among the miners; rabies and spotted fever among cattlemen; typhoid and Malta fever among herders; and spread of trachoma from among the Indians.

Ordinary activities require consideration also as to their relative importance under the conditions to be met. It is necessary here briefly to outline some of them.

#### Collection of Sickness Reports.

In order to intelligently undertake to exclude communicable diseases from the State or combat them within its borders an adequate notification of their occurrence is required. Unfortunately no such system exists. The communicable diseases are not adequately reported to any local health office visited, nor properly recorded, and the State board of health has no records of cases or outbreaks of any kind. While the difficulties of securing notification are recognized, these can be overcome in New Mexico sufficiently to provide

useful data. Furthermore, the State laws and ordinances examined, though defective, contemplated such notification, and it is a function that should be performed under State law.

#### Recording of Births and Deaths.

The recording of births and deaths is also most defective. Again it is found that the State board of health has no records whatever, and the city and county clerks' records are practically worthless for statistical purposes except in one or two cities. For example, the total births and deaths recorded in a number of counties in 1917 are presented below, together with the population and the number that probably occurred, based on rates of 15 per 1,000 population for deaths and 22 per 1,000 population for births.

County.	Year.	Population (estimated).	Births.		Deaths.	
			Recorded.	Probable (normal).	Recorded.	Probable (normal).
San Miguel.....	1917	30,000	113	660	50	450
Santa Fe.....	1917	15,750	69	330	20	236
McKinley.....	1917	14,000	69	308	65	210
Bernalillo.....	1917	34,000	192	748	455	510
Chavez.....	1917	21,000	178	462	36	315
Lincoln.....	1917	9,000	27	198	11	135
Curry.....	1917	15,000	55	330	50	225
Mora.....	1917	16,000	23	352	1	240

Assuming 15 per 1,000 as about the normal death rate and 22 per 1,000 population as the normal birth rate, the total births and deaths in Santa Fe County would have been about 330 and 236, respectively. In other words only one-fifth as many births and one-twelfth as many deaths were recorded as should have been in the county in which is located the capital city of the State, notwithstanding such statistics have not only public health but economic and military importance. In Albuquerque, the largest city, only one birth in 1917 was reported to the city authorities by a midwife out of all the number that must have been attended in this manner.

Here again, a State law, though defective, provides for these statistics. Its requirements are as follows:

*Births.*—Every physician or midwife or other attendant in charge of a mother at birth must within 30 days report same to the county clerk, stating the name of the child, the maiden name of the mother, the name, age, color, and nationality of the parents, the occupation of the father, and the name and address of the attendant.

The county clerk must keep a "Register of births" and register and index all births reported. He must also provide blanks for reporting.

*Deaths.*—Any physician or other person attending a person in his last illness must transmit to the county clerk a certificate of death, which must state the date of death, the name, age, sex, race, nationality, and occupation of deceased and the place of death.

The county clerk must provide a "Register of deaths" and register and index therein all deaths reported. He must also provide blanks for the purpose.

The county clerk is allowed 10 cents for all births and deaths recorded. Failure to report births and deaths is punishable by a fine of \$20, apparently repealed later.

Failure of enforcement of the above provisions is due to lack of efficient organization and funds. The law should certainly be revised and proper facilities provided. Since entry of the State into the Union, it is understood county clerks are not allowed the fees mentioned in lieu of a salary.

#### **Investigations and Control of Disease.**

As previously stated the State board of health is charged with investigations of "nuisances, sources of filth, and causes of sickness." It has not been in position to do so by reason of lack of funds. At the time of this survey outbreaks of influenza and typhoid fever were reported to be widely prevalent. It is entirely practicable to control outbreaks of the latter disease, and some control agency should be available to investigate or supervise investigations of all such outbreaks of these and other diseases. Counting doctors and nurses' fees, board while sick, loss of wages, and other expenses, it is estimated every case of typhoid costs somebody on an average \$600. The control of this and other diseases, therefore, becomes a business proposition.

#### **Control of Food and Drink.**

As a means to prevent sickness, State laws have been enacted relating to the slaughtering and handling of meats, prevention of pollution of watercourses, disposal of refuse, sale of damaged or unwholesome food or drink, adulteration of drugs, and sale of poisons; but the laws do not state who shall enforce them, and there is no fund provided with which to do so. In consequence they are not enforced. It is especially necessary to have some check on water and milk. While cities, if favorably disposed, can do so under local ordinances, the State should be in position to act on behalf of villages and country districts and prescribe and unify the protective measures to be taken by cities and towns. In some instances the State laws referred to need revision to render them more effective, but with the penalties that are provided much could now be done in a constructive way by a live health agency if it were charged with such enforcement.

#### **Need of Diagnostic Laboratory.**

In the detection of communicable diseases, the control of the purity of water and milk supplies and other public health work, a diagnostic laboratory is essential. Practically no State is now without one, and its facilities are made available, not only to local health authorities, but to physicians.

Practically every State for instance now makes release from quarantine on account of diphtheria dependent on laboratory tests. It is the only safe way, yet New Mexico is without such State aid, and no city or town in the State is known to be provided with a municipal laboratory. Next to an experienced full-time State health officer, this is the greatest health need of the State. It should be provided without delay.

#### Sanitation of Schools.

The law requiring vaccination of all school children has already been mentioned. It appears to be generally enforced, although instances were met in which it had been neglected chiefly because smallpox had not prevailed for some time. On account of the character of population and its sparseness, this is a most important public health matter and should receive unremitting attention.

Outside of incorporated towns, teachers are required to report to the county superintendent as to the number of children vaccinated, and it is his duty to see that all children of school age are vaccinated. The vaccinations are performed by the county health officer. The final responsibility should rest on him under State regulation or law, because all children should be vaccinated within the first year of life and not be allowed or forced to live their first six years without protection against smallpox.

Furthermore, every citizen should be vaccinated at public expense. By this means vaccination could be made more systematically and successfully, and the question of indigency would not arise.

Incorporated cities and towns the duties imposed on county superintendents to require vaccination certificates are made applicable to boards of education, and the city physician performs the vaccination of the indigents. Testimony as to reduction of the prevalence of smallpox as a result of this measure is general. It leads naturally also to a further supervision of the sanitation of schools, but the responsibility does not appear to rest definitely with the health officer. As previously stated, he should be made responsible, and if practicable, have the assistance of a public health nurse who would pay attention to the health history of each child, and special attention to outbreaks of disease in the homes, and instruction in matters of personal hygiene.

In Albuquerque a truant officer inquires into all absences. On detecting cases of sickness he notifies the health officer, who refers the matter to the health inspector. No child can return to school after two days' absence without a special permit from the city physician. A school nurse is employed in these schools. By such means an early check is kept on cases of infectious diseases. Visits to schools are being taken up also in some counties by public health nurses under the guidance of the county health officers.

### **Public Health Engineering.**

The sanitation of schools, procuring pure water for towns, disposal of sewage, protection of streams, construction of dairies, slaughter-houses, and food-making establishments, and sanitation of mining camps involve engineering problems. In States, such as New Mexico, this work is properly combined with health inspection work and examinations of water supplies. It is believed such knowledge and assistance should be made available to cities, towns, and communities through the employment of engineers who would act also as inspectors for the State under the direction of a State health commissioner to be mentioned later. The services of highly qualified men can be secured for a moderate sum.

### **Public Health Educational Work.**

Until the antivenereal work was undertaken no public health literature or posters had been disseminated by the State. This is an important means of encouraging improvement of sanitation and is an essential function of a State health agency. In most States it is supplemented by public-health instruction furnished orally or through the public press. Through cooperation with the Federal health service the distribution of valuable information in the form of bulletins and leaflets could be effected. This is mentioned here to emphasize the potentialities of an active health department.

### **Reorganization of Present Health Agency Desirable.**

Reference has been repeatedly made in the foregoing to the dual character of the duties imposed on the State board of health and medical examiners, and to the fact that the regulation of the practice of medicine has engaged the board to the exclusion of public-health activities. It is due to the present board to say that this condition is the result of long-established practice of previous boards and not due to lack of appreciation of public-health needs on the part of the present board.

The reasons for this state of affairs are not far to seek.

The regulation of the practice of medicine was self-supporting. It received encouragement, therefore, while the public-health work did not.

Experience in other States has demonstrated that the two functions should be conducted separately, and in Illinois and West Virginia, for instance, laws have been enacted accordingly.

It has been found also that the performance of the duties requires different kinds of organizations. Regulation of the practice of medicine and other professions lends itself to board work, while health administration to be effective must devolve on a single executive. It



is believed therefore that the present board should continue the regulation of the practice of medicine and be known as "the Board of Medical Examiners."

Provision should be made for a commissioner of health on the other hand to enforce the public-health laws, and he should be provided with an advisory council for the performance of judicial functions devolving on the department.

Since public-health development and policy require vision and wise judgment in relation to economic and social conditions, this council should be made up of representative citizens. By reason of the standing they should have, it is believed no compensation that would be adequate could be paid and therefore none should be provided except the traveling expenses usually allowed other State officials. A council of five, including three physicians, would be a suitable number, the commissioner being a member *ex officio*. This last-mentioned official should naturally be looked to for the furnishing of technical information, the preparation of plans and regulations, and their execution after approval by the council. He should be elected by the council and appointed by it, with the approval of the governor solely on his professional qualifications, and his tenure of office should depend entirely on his ability "to deliver the goods." He should be a physician who had specialized in public-health administration and his previous place of residence should have no bearing on his appointment. The members of the council should, of course, be residents of the State. By this arrangement the protection of health would not become a political question and systems of cure of disease would not be involved.

It is not the province of this report even to enumerate all the activities, such as child hygiene, rural sanitation, and prevention of special diseases, which devolve on health agencies, but to deal rather with State health organization in relation to other State and local authorities and sanitary administration that would take into account all those activities that should reasonably be undertaken.

#### **Relation of Local and State Health Authorities.**

In New Mexico, counties and towns generally have health authorities, but without a functioning State health agency they are like a family without a head. In health matters no county or town is independent of the others or of the State of which it is a unit. Local health officers should accordingly be able to look to a State health agency for leadership and uniform regulations as aids in the enforcement of State laws; and should the local authorities fail or refuse to enforce such regulations or to protect otherwise the public health it should be the duty of the State to do so at local expense.

At present the authority of the State to make regulations is adequate, and it appears to be the duty of the counties to enforce them. The fundamental needs therefore are leadership, laboratory facilities, and methods of administration, all of which the State should supply.

Other State authorities should likewise be able to avail themselves of supervision and cooperation of the State health agency and duplication should be avoided. On the other hand, the health agency should be required whenever practicable to avail itself of the aid of other agencies within the State, official and otherwise.

Since there is doubt as to the authority of counties and incorporated cities, towns, and villages to act independently under the present State laws, county and town health officers should be charged specifically in law with the enforcement of these State laws in so far as they apply to their respective jurisdictions. Furthermore, they should be required to enforce the regulations of the State department of health and in health matters affecting more than one community act under its general supervision in the enforcement of both laws and regulations. Especially should they be required to report outbreaks of diseases in their respective localities and the occurrence of reportable diseases to the central authority. Failure to do so should be punishable by fine. Medical officers and physicians are protected in their calling by State laws, and by reason of this fact they owe a duty to the State in matters of health and safety.

In case of failure or refusal of the local authorities to take necessary steps to protect life and health, the State health department, as previously stated, should be definitely charged with doing so at the expense of the locality concerned. This would tend to stimulate local communities to take action themselves, place the bulk of the cost where it belongs and lessen the amount of the appropriations that should properly be made by the State as a whole for public health work.

#### **Penalties and Forfeitures.**

As a means to the enforcement of the existing State health laws, numerous penalties have already been provided. The amounts of these penalties and the purposes for which they were provided are summarized as follows:

1. Failure to furnish birth or death certificates, \$20 for each offense.
2. Maintenance or operation of any slaughterhouse within 3 miles of the plaza of any town without the written consent of the local authorities, or exposure of dressed meat outside of places of business, not less than \$25 nor more than \$100, or imprisonment not more than 30 days.
3. Location of cemetery or burial of dead within 50 yards of any stream, not less than \$50 nor more than \$500, or imprisonment not less than 60 days and not more than 6 months, one-half of fine to go to informant.
4. Maintenance of cesspool or privy so as to become a public nuisance, not less than \$5 nor more than \$50.

5. Deposit of filth or deleterious substance in any street or alley or within 500 yards of any well, spring, or stream used for domestic purposes, not less than \$3 nor more than \$80.

6. Deposit of dead animals or any refuse matter or sewage into any watercourse so as to endanger the health of persons having a right to use such water for drinking purposes, or failure of persons outside incorporated towns to destroy refuse, not less than \$10 nor more than \$100 or by imprisonment not less than 10 days nor more than 60 days.

7. Deposit of filth or refuse on highways or near houses so as to become a nuisance, not less than \$5 nor more than \$50, or by imprisonment not exceeding 60 days, or both fine and imprisonment.

8. Expectoration in public places, failure of the tuberculous to spit in covered receptacles, or failure of owner or tenant to have premises vacated by the tuberculous disinfected, not less than \$1 nor more than \$25, or by imprisonment not less than 10 nor more than 50 days, or both fine and imprisonment.

9. Sale of damaged or unwholesome provisions, not over \$500 or imprisonment not over 6 months.

10. Adulteration of liquors, not less than \$5 nor more than \$50.

11. Adulteration of foods and drugs so as to render them injurious to health, not over \$200 for first offense and not exceeding \$300 for each subsequent offense, or imprisonment not exceeding 1 year, or both.

12. Unlawful sale of opium and emmenagogues, not less than \$100 nor more than \$500, or imprisonment not less than 100 days nor more than 500 days, or both fine and imprisonment.

13. Failure to abate nuisance on order of the State board of health, not less than \$25 nor more than \$100.

14. Failure to report communicable diseases or nuisances, not less than \$25 nor more than \$100.

15. Violation of quarantine regulations or ordinances to prevent the spread of disease from one community to another, such fines or imprisonment as may be imposed by local authorities.

16. Violation of laws or regulations relating to the enforcement of quarantines, abatement of nuisances, or provisions of vaccination, not less than \$25 nor more than \$100.

From the above it is evident that abundant penalties exist, but in the absence of appropriation and lack of definite feeling of responsibility on the part of anybody they are practically a dead letter. The fundamental requirement of reporting deaths, for instance, is not observed even in most of the larger cities. In more than one city the mayor himself could die and be buried and the event not be recorded as a part of the vital statistics of the community. Furthermore, deaths from communicable diseases occur which the health officer knows nothing about officially. The imposition of a fine now and then in each county would remedy this defect.

The argument has been frequently advanced against reporting births, sickness, and death that individuals are born and die without the attendance of a physician. But the law requires householders also to make these reports, the county clerk in every county is charged with recording them, and there are as good reasons for keeping such records as recording titles to land or other evidence of individual rights.

## Public Health Appropriations.

As previously stated, no State appropriation for public health purposes has ever been made. The travel expenses and per diem of the State board of health and medical examiners have had to be paid out of funds collected from candidates for license to practice medicine. If these funds were not sufficient the members would have to forego repayment or the work remain undone.

On examination of the appropriations of the State for the fiscal year of 1917, a number of items were found in favor of eleemosynary institutions as follows:

St. Vincent's Hospital, Santa Fe.....	\$3, 600
Grant County Hospital, Silver City.....	1, 800
Sisters of Mercy Hospital, Silver City.....	1, 800
Ladies Hospital, Deming, N. Mex.....	1, 800
Eddy County Hospital, Carlsbad.....	1, 800
Sisters Hospital, Albuquerque.....	2, 400
Relief Society, Las Vegas.....	3, 000
Gallup Hospital, Gallup.....	2, 000
St. Mary's Hospital, Roswell.....	1, 800
Sisters of Loretta, Mora.....	1, 000
Sisters of Loretta, Las Cruces.....	1, 000
Miners Hospital, Raton.....	7, 500

It should be understood that these items do not relate to public health properly speaking. They are in the nature of organized relief. While now essential the necessity for them should be reduced in time by adequate health work. Respectable appropriations to this end should certainly be provided.

The total estimated value of the taxable property of the State in 1917 was \$365,000,000. The receipts of the State government in 1916 were \$2,515,734.98 and the total disbursements were \$2,255,643.96. These figures indicate that reasonable funds should easily be available annually for health purposes.

It has been considered that at least 2 per cent of the total revenues of the State should be available annually for purposes of health and safety. On this basis New Mexico should be expected to devote over \$50,000 annually to these purposes.

As indicating the extent of the support of such work by other States having approximately the same population as New Mexico, the following table is presented:

State.	Estimated population Jan. 1, 1918.	State health department appropriations.	Period.
Idaho.....	453, 472	\$42, 995	Biennial period ending Jan. 1, 1919.
Montana.....	479, 655	39, 000	Period not stated.
New Hampshire.....	445, 390	60, 950	Year ended Aug. 31, 1918.
Utah.....	448, 757	25, 300	Biennial period ending Mar. 31, 1919.
Vermont.....	363, 569	42, 000	Year ended June 30, 1918.

In view of the immediate needs in New Mexico and the experience of other States in health administration, it is believed an appropriation of at least \$22,900 should be provided for public health work in the State during the next fiscal year. An estimate of the several items entering into this sum will be presented in the recommendations to follow. The amount is very conservative. The salaries to be mentioned are only suggestive; that is, they are the amounts that should be the minimum necessary to secure the services of skilled persons, and the employment of those without these qualifications would be a waste of time and money.

Under present insanitary conditions in many places and without any organized State health agency the benefits of the wonderful climate of New Mexico to invalids suffering with lung diseases and to homeseekers may be more than offset by the dangers from preventable diseases which have been found to exist during this survey. Moreover, the economic loss to the State from these causes must far exceed annually the total amount mentioned above.

Typhoid fever, for instance, is highly prevalent in many sections and epidemic in some. While less prevalent than formerly, smallpox was also found to exist. Both are entirely preventable diseases, but no State-wide effort has been made to this end, although it must be said the vaccination of school children is more or less regularly enforced.

By educational means alone an organized State health department with the aid of Federal and local authorities could do much to prevent disease and to protect health. By urging people to provide sanitary privies, stop polluting streams and wells, and cease drinking raw water out of irrigating ditches, for instance, many cases of typhoid fever and diarrheal diseases would be prevented and tens of thousands of dollars saved annually.

The reduction of infant mortality and the prevention of respiratory diseases due to overcrowding and insanitary conditions should likewise receive attention. Both have a direct bearing on the physical welfare of individuals and the further economic development of the State. Their control and the improvement of health conditions generally will be favored with the carrying out of reasonable provisions as to sanitary organizations to be recommended below.

#### Summary.

As stated above, by reason of its geographic location, climate, population, and state of development, New Mexico is confronted with special health problems requiring not only emergency work but continuous effort. Its climate invites the tuberculous, who in the aggregate are a decided economic asset to the State. In order to obviate the dangers from this class, however, their education in the hygiene of living and the sanitation of their environment is necessary. They should be able to feel, on the other hand, as a result of proper



sanitation on the part of communities, that they themselves are not running risks from communicable diseases that are preventable.

In order to carry on such work a State department of health and State laboratory of hygiene are essential and urgently needed. In presenting recommendation in respect to the former no provision is made for separate divisions, like epidemiology, engineering, and child hygiene, as in more populous States. It is thought best from an economic standpoint to depend for the time being on the organizing effort of a skilled commissioner of health and his assistants, to be mentioned later. In the way of additional health functions but little legislation is immediately required. The laws relating to reporting sickness, births, and deaths should be amended somewhat. As a means of defraying expenses of keeping these records it is suggested that the law might provide that fees for marriage licenses be increased and set aside for this purpose.

The responsibility of both State and local authorities for the enforcement of existing State laws and regulations should be definitely fixed, and the supervisory relation of the State department of health to local health officers should be established.

Finally, reasonable appropriations should be made with which to enable a State health department to undertake immediately the duty of carrying out the laws and regulations issued under it pertaining to health and safety.

#### Recommendations.

In view of the urgent need of adequate means to improve health conditions in New Mexico, definite recommendations are made looking to improved sanitary organization and administration. These recommendations are as follows:

1. That the present State board of health and medical examiners be designated in law as a State board of medical examiners and its duties relate thereafter to the enforcement of acts to regulate the practice of medicine.

2. That a State department of health be created to exercise all the powers and perform all the duties in respect to health imposed by law on the State board of health and medical examiners.

3. That the department of health consist of a commissioner of health and a public health council.

4. That the commissioner of health be selected solely on merit and appointed by the council of health, with the approval of the governor, at a salary of not less than \$3,500 per annum; that he be a physician skilled in sanitary science and experienced in public health administration, that he be prohibited from engaging in any but official business, that he be authorized and charged with the administration of the laws and the regulations issued thereunder by the department, and the preparation of regulations for the considera-

tion of the council of health and, with the approval of the council, the appointment and removal of subordinates in the department.

5. That the council of health consist of the commissioner of health ex officio and five members at least three of whom shall be physicians, all to be public-spirited and the five last-mentioned to be appointed by the governor in such manner that the term of office of one of them shall expire each year.

6. That the council of health be empowered to promulgate regulations, to consider public health plans, appeals and appointments, and to submit annually to the legislative assembly through the governor a report of the recommendations as to needed legislation.

7. That the public health council meet at least once annually and on call of the commissioner or on request of any three members to consider and advise in respect to public health matters, and that its members receive necessary traveling expenses incurred in attending conferences.

8. That the commissioner of health be required by law to attend conferences of State and territorial health officers convened by the Surgeon General of the United States Public Health Service under the act of Congress approved July 1, 1902.

9. That the regulations not inconsistent with Federal or State laws promulgated by the council of health be given the force and effect of law and be made the minimum requirements of localities throughout the State. That the commissioner of health be empowered to enforce said regulations to prevent disease in any localities whose authorities fail or refuse to do so.

10. That a sanitary engineer be appointed by the commissioner with the approval of the council of health at a salary of not less than \$2,500 per annum. That he make inspections and laboratory examinations relating to the purity of water and milk supplies, and the disposal of sewage, garbage, and wastes and otherwise aid in the handling of sanitary engineering matters affecting the prevention of disease in towns and counties of the State.

11. That a bacteriologist be appointed by the commissioner of health with the approval of the council of public health at not less than \$2,000 per annum to have immediate charge of the laboratory of hygiene to be recommended later.

12. That a vital statistician be appointed by the commissioner of health with the approval of the council of health at a salary of at least \$2,000 per annum to collect and compile under the direction of the commissioner, reports of sickness, births, and deaths occurring throughout the State.

13. That a public health nurse be appointed by the commissioner of health with the approval of the council of health at a salary of \$1,200 per annum, to supervise, under the direction of the commissioner, nursing in relation to disease prevention, and child welfare throughout the State.

14. That quarters for the State department of health be provided in the State House at Santa Fe.

15. That a diagnostic laboratory be established and maintained by the department of health at the most accessible location to all parts of the State for the bacteriologic examination of water and milk supplies and sewage disposal, cultures of disease-producing organisms, and other public-health specimens.

16. That all chemical analyses of foods and drugs deemed necessary by the department of health in the enforcement of food and drug laws be made in the chemical laboratory of the State University.

17. That the model law for morbidity reports adopted by the State and territorial health authorities in conference with the United States Public Health Service be modified according to requirements and enacted into law.

18. That the law for the registration of births and deaths to fulfill the requirements of the directors of the Census Bureau be adopted and enforced.

19. That a system of reporting communicable diseases, including report cards, be immediately installed under regulation of the department of health.

20. That educational leaflets on public health subjects be published or otherwise secured for distribution to people of the State, especially school-teachers.

21. That the State department of health and local health authorities be charged specifically with the enforcement of existing State laws as affecting their jurisdictions.

22. That provision be made whereby two or more counties or towns and counties may combine in the employment of a full-time health officer.

23. That the appropriation of \$22,900 be made by the State for the support of activities of the department of health annually, this amount being itemized approximately as follows:

Salary of commissioner of health.....	\$3,500
Salary of sanitary engineer.....	2,500
Salary of bacteriologist.....	2,000
Salary of vital statistician.....	2,000
Salary of supervising nurse.....	1,200
Salary of stenographic clerk.....	1,200
Freight and travel, collecting samples, etc.....	5,000
Laboratory equipment and maintenance, including rentals, fuel, lights, and water.....	3,500
Supplies, printing, postage, and miscellaneous.....	2,000
Total.....	22,900

24. That an epidemic appropriation of \$5,000 be made available for expenditure under the direction of the governor as required to combat dangerous epidemic diseases.

## WINTER HIBERNATION OF ANOPHELES LARVAE.

By Assistant Epidemiologist T. H. D. GRIFFITHS, United States Public Health Service.

It has been generally accepted that with the advent of cold weather anopheles larvae become inactive, and upon the freezing over of the water, or even before, they are destroyed. However, observations by Galli-Valerio and Roches de Johngh in Switzerland show that in Europe the larvae of certain species of mosquitoes hibernate in great numbers.<sup>1</sup> It is reported that larvae of *Anopheles bifurcatus* hibernate generally. These observers found that the species of anopheles with which they had to do could live in water between two sheets of ice.

As to the American species of anopheles there appears to be no record of observations or studies on their winter hibernation. Therefore the following notes will be of interest.

Full grown anopheles larvae were found by LePrince and the writer on December 1, at Crystal City, Mo., after several days of freezing temperatures.

Second and third molt anopheles larvae were found along the grassy edges of a sluggish stream at Greensboro, N. C., where a thin sheet of ice had formed over the water the night before. The larvae were active when dipped up.

Carter and Brumfield, on a survey in Fairfax County, Va., examined a pool (water varying from a few inches to a foot deep) on October 22 early in the day and were unable to find larvae; in the afternoon they again examined the pool and readily found them. The conclusion reached was that as the surface of the water was cold in the morning, the larvae remained at the bottom; but that when the water was warmed by the heat of the sun, they came to the surface. This is in accordance with observations of von Ezdorf, who stated that he had observed anopheles larvae which remained at the bottom of water for 20 minutes or more in cold or cool weather. He thought they were dead; but while being carried in a bottle placed in the pocket, they became active.

On November 23, 1917, third molt anopheles larvae were found by the writer in a shallow woodland pool and in small seepage pools at Yorktown, Va. Prior to this there had been several light freezes, one occurring the night before the larvae were taken. In the laboratory these larvae developed into anopheles *punctipennis*. In this survey practically no larvae were found, except in seepage water. They were not found in pools and streams where they are generally found in the breeding season.

Carter and Le Prince found anopheles larvae at Salkehatchie, S. C., on February 21 after cold weather. These developed into *puncti-*

<sup>1</sup> Howard, Dyer and Knabe, Monograph of the Mosquitoes of North and Central America and the West Indies.

*pennis* after being kept at room temperature. There were no small larvae found.

On December 18, at Alexandria, La., the writer found in a small, shallow pool, fed by seepage, about 15 full grown anopheles larvae. They were seen by stirring the water and waiting for them to come to the surface. The larvae were left here and observed at intervals ranging from a week to 10 days until February 22. During this time there were no small larvae in the pool. On the above date the larvae were put into a bottle and taken to the room; they pupated promptly, and imago appeared by the fourth day; these were *Anopheles crucians*. On the second day the females took a blood meal, and the males died on the third day without food. The temperature record for Alexandria shows freezing temperatures as follows: October, 1917, 4 days (for the month, mean maximum, 76.4; mean minimum, 46.2); November, 8 days (mean maximum, 68.1; mean minimum, 38.3); December, 14 days (one day a minimum of 10°; for the month, mean maximum, 54.2; mean minimum, 36); January, 1918, 25 days (on two successive days minimum of 9°; for the month, mean maximum, 51.6; mean minimum, 29.2); February, 4 days (for the month, mean maximum, 67.4; mean minimum, 45.9). It was distinctly noticeable that in numerous seepage areas there was no difficulty in finding large anopheles larvae, whereas the finding of anopheles imago in favorable places was rare.

At Newport News, Va., the writer found many full-grown anopheles larvae in seepage pools on April 20, 1918, and repeated close examinations in various selected places failed to reveal any small larvae before this date and for 10 days afterwards. Nor had there been temperature conditions prior to April 20 favorable to oviposition. The evidence is in favor of these larvae having passed the winter as larvae. In the laboratory larvae from this collection developed *punctipennis* on April 24. The winter was a severely cold one for Tidewater, Va. James River and Hampton Roads froze over to such a degree that navigation was seriously interfered with. The following extract taken from the Weather Bureau Climatological Data shows the number of days of freezing temperature and the mean and monthly temperatures: October, 1917, 1 day (31st) freezing; November, 8 days freezing; December, 24 days freezing (1 day, minimum 2°; for the month, mean maximum, 39.8; mean minimum, 25.4); January, 1918, 30 days freezing (1 day a minimum of 1°; for the month, mean maximum, 37.0; mean minimum, 22.0); February, 14 days freezing (1 day a minimum of 6°; for the month, mean maximum, 51.6; mean minimum, 31.9); March, 3 days freezing (for the month, mean maximum, 61.1; mean minimum, 40.7).



CONCLUSIONS.

1. *Anopheles* (*crucians* and *punctipennis*, at least) pass the winter in the larval stage. This is true for northern Louisiana (for *crucians*) during a severe winter for that section. Evidence, though less conclusive, shows that *punctipennis*, at least, in the larval stage withstand a severe eastern Virginia winter.

2. Apparently pupation does not occur at low temperature, or until ordinary room temperature obtains.

3. In selected places considerable numbers of *Anopheles* larvæ pass the winter as such.

4. Larvacides should be applied in the fall sufficiently late to kill the last batch of larvæ, or before season suitable for the completion of their aquatic stages in the spring.

# PREVALENCE OF DISEASE.

*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.*

## UNITED STATES.

### EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED NOV. 9.

CAMP BEAUREGARD ZONE, LA.		CAMP DODGE ZONE, IOWA.	
Cerebrospinal meningitis:	Cases.	Des Moines:	Cases.
Rural district.....	1	Diphtheria.....	7
Gonorrhea:		Influenza.....	204
Alexandria.....	1	Scarlet fever.....	10
Influenza:		Smallpox.....	3
Alexandria.....	54	Polk City:	
Ball.....	3	Influenza.....	4
Pineville.....	21	Smallpox.....	3
Malaria:			
Alexandria.....	1	CAMP DONIPHAN ZONE, OKLA.	
Mumps:		Lawton:	
Alexandria.....	1	Gonorrhea.....	2
Pneumonia:		Influenza.....	4
Alexandria.....	2		
CAMP BOWIE ZONE, TEX.		CAMP EBERTS ZONE, ARK.	
Fort Worth:		Cerebrospinal meningitis:	
Chicken pox.....	6	England, R. F. D.....	2
Diphtheria.....	1	Influenza:	
Gonorrhea.....	14	Austin.....	1
Influenza.....	32	Austin, R. F. D.....	5
Mumps.....	3	Cabot.....	3
Pellagra.....	1	Cabot, route 1.....	3
Pneumonia.....	69	Carlisle.....	5
Smallpox.....	4	England.....	3
Syphilis.....	11	England, R. F. D.....	3
Tuberculosis.....	9	Keo.....	3
		Lonoke.....	6
		Lonoke, route 1.....	1
		Lonoke, route 4.....	3
		Ward.....	6
		Wattensaw.....	2
BREMERTON ZONE, WASH.		Malaria:	
Influenza.....	82	Keo.....	3
Scarlet fever.....	1	Pneumonia:	
CAMP DEVENS ZONE, MASS.		England.....	1
Diphtheria:		England, R. F. D.....	1
Shirley.....	1		
Influenza:		CAMP FUNSTON ZONE, KANS.	
Ayer.....	3	Diphtheria:	
Lancaster.....	3	Junction City.....	1
Townsend.....	5	Influenza:	
CAMP DIX ZONE, N. J.		Bala.....	1
Influenza:		Junction City.....	49
Chesterfield Township.....	55	Manhattan.....	19
Easthampton Township.....	34		

## CAMP FUNSTON ZONE, KANS.—continued.

Influenza—Continued.	Cases.
Milford.....	4
Ogden.....	2
Measles:	
Manhattan.....	1
Mumps:	
Manhattan.....	1
Pneumonia:	
Manhattan.....	5
Polioomyelitis:	
Junction City.....	1
Scarlet fever:	
Junction City.....	1

## GAS AND FLAME SCHOOL ZONE, GA. AND ALA.

Gonorrhea:	
Columbus.....	1
Girard.....	1
Muscooke County.....	2
Influenza:	
Bibb City.....	5
Chattahoochee County.....	10
Columbus.....	169
Girard.....	23
Muscooke County.....	42
Phenix City.....	11
Malaria:	
Columbus.....	1
Measles:	
Columbus.....	2
Pellagra:	
Columbus.....	1
Muscooke County.....	2
Pneumonia:	
Chattahoochee County.....	2
Columbus.....	15
Girard.....	2
Muscooke County.....	7
Scarlet fever:	
Columbus.....	1
Syphilis:	
Columbus.....	4
Muscooke County.....	1
Tuberculosis:	
Columbus.....	2
Muscooke County.....	1
Typhoid fever:	
Muscooke County.....	2
Whooping cough:	
Columbus.....	1

## GERSTNER FIELD ZONE, LA.

Influenza.....	186
Pneumonia.....	14

## CAMP GORDON ZONE, GA.

Atlanta:	
Chicken pox.....	2
Diphtheria.....	5
Gonorrhea.....	19
Influenza.....	131
Measles.....	1
Pneumonia.....	3
Scarlet fever.....	7
Septic sore throat.....	2
Smallpox.....	7
Syphilis.....	24

## CAMP GORDON ZONE, GA.—continued.

Atlanta—Continued.	Cases:
Tuberculosis.....	6
Typhoid fever.....	6
Chamblée:	
Measles.....	1

## CAMP GREENE ZONE, N. C.

Charlotte Township:	
Cerebrospinal meningitis.....	1
Diphtheria carriers.....	2
Gonorrhea.....	8
Influenza.....	49
Mumps.....	1
Syphilis.....	12
Whooping cough.....	7

## GULFPORT HEALTH DISTRICT, MISS.

Diphtheria.....	2
Dysentery.....	1
Gonorrhea.....	2
Influenza.....	388
Malaria.....	10
Mumps.....	1
Pneumonia.....	14
Scarlet fever.....	1
Syphilis.....	4
Whooping cough.....	6

## CAMP HANCOCK ZONE, GA.

Augusta:	
Diphtheria.....	1
Influenza.....	153
Pneumonia.....	21

## CAMP HUMPHREYS ZONE, VA.

Alexandria:	
Chicken pox.....	4
Influenza.....	21
Typhoid fever.....	1

## CAMP JACKSON ZONE, S. C.

Columbia:	
Diphtheria.....	1
Influenza.....	6
Mumps.....	1
Scarlet fever.....	2
Whooping cough.....	2

## FORT LEAVENWORTH ZONE, KANS.

Chicken pox:	
Leavenworth.....	2
Gonorrhea:	
Leavenworth.....	5
Influenza:	
Leavenworth.....	75
Leavenworth County.....	20

## CAMP LEE ZONE, VA.

Hopewell:	
Chancroid.....	32
Gonorrhea.....	90
Syphilis.....	25
Petersburg:	
Diphtheria.....	6
Gonorrhea.....	6
Influenza.....	79
Pneumonia.....	10

## CAMP LEWIS ZONE, WASH.

	Cases.
Chicken pox:	
Roy.....	1
German measles:	
Parkland.....	2
Influenza:	
Greendale.....	2
Lakeview.....	11
McNeils Island.....	3
Parkland.....	8
Roy.....	13
Spanaway.....	7
Pneumonia:	
Meridian.....	1
Steilacoom.....	1

## CAMP LOGAN ZONE, TEX.

Houston:	
Chancroid.....	1
Diphtheria.....	1
Gonorrhea.....	10
Influenza.....	1
Measles.....	1
Pneumonia.....	2
Tuberculosis.....	9

## CAMP M'ARTHUR ZONE, TEX.

Waco:	
Gonorrhea.....	1
Influenza.....	75
Pneumonia.....	4
Tuberculosis.....	1
Typhoid fever.....	1

## CAMP M'CLELLAN ZONE, ALA.

Gonorrhea:	
Anniston.....	5
Influenza:	
Anniston.....	25
Blue Mountain.....	5
Precinct 1.....	1
Precinct 3.....	4
Precinct 15.....	2
Precinct 22.....	1
Pneumonia:	
Anniston.....	18
Blue Mountain.....	3
Precinct 15.....	3
Syphilis:	
Anniston.....	5
Tuberculosis:	
Anniston.....	1
Whooping cough:	
Anniston.....	1

## NEW LONDON SANITARY DISTRICT, CONN.

Diphtheria:	
New London.....	2
Gonorrhea:	
Griswold.....	1
Influenza:	
Groton (town).....	11
Lebanon.....	10
Mystic.....	10
New London.....	12
Norwich.....	4
Old Lyme.....	29
Pawcatuck.....	1

## NEW LONDON SANITARY DISTRICT, CONN.—contd.

Laryngitis, membranous:	Cases.
Preston.....	1
Mumps:	
Groton (borough).....	1
Pneumonia:	
New London.....	3
Norwich.....	1
Old Mystic.....	1
Scarlet fever:	
Groton (borough).....	1
Syphilis:	
New London.....	1
Tuberculosis:	
New London.....	2
Preston.....	6

## FORT OGLETHORPE ZONE, GA. AND TENN.

Diphtheria:	
Chattanooga.....	2
Gonorrhea:	
Chattanooga.....	17
Rossville, Ga.....	1
Influenza:	
Chattanooga.....	20
Rossville, Ga.....	4
St. Elmo.....	2
Scarlet fever:	
Altonpark.....	1
Chattanooga.....	1
Eastlake.....	1
Syphilis:	
Chattanooga.....	6
Rossville, Ga.....	1
Tuberculosis:	
Chattanooga.....	1

## PICRIC ACID PLANT ZONE, GA.

Brunswick:	
Influenza.....	41
Tuberculosis.....	1

## CAMP PIKE ZONE, ARK.

Chicken pox:	
Little Rock.....	6
Diphtheria:	
Little Rock.....	1
Gonorrhea:	
Little Rock.....	10
North Little Rock.....	1
Influenza:	
Hensley.....	5
Little Rock.....	75
North Little Rock.....	14
Malaria:	
Levy.....	1
Little Rock.....	2
Pneumonia:	
Hensley.....	1
Little Rock.....	11
North Little Rock.....	3
Syphilis:	
Little Rock.....	8
Scott.....	1
Tuberculosis:	
Little Rock.....	5
Typhoid fever:	
Little Rock.....	1

## CAMP POLK ZONE, N. C.

Chicken pox:	Cases.
Durham.....	1
Influenza:	
Durham.....	42
Durham County.....	16
Raleigh.....	226
Typhoid fever:	
Durham.....	6
Whooping cough:	
Durham.....	2
Raleigh.....	8

## PORTSMOUTH AND NORFOLK COUNTY HEALTH DISTRICT, VA.

Chaneroid:	
Norfolk.....	3
Diphtheria:	
Portsmouth.....	3
Gonorrhea:	
Norfolk.....	11
Influenza:	
Norfolk County.....	2
Portsmouth.....	6
Syphilis:	
Norfolk.....	3

## PORTSMOUTH-KITTERY SANITARY DISTRICT, N. H. AND ME.

Gonorrhea:	
Portsmouth.....	1

## CAMP SEVIER ZONE, S. C.

Greenville:	
Cerebrospinal meningitis.....	2
Diphtheria.....	1
Influenza.....	3
Pneumonia.....	1

## CAMP SHELBY ZONE, MISS.

Covington County:	
Typhoid fever.....	2
Hattiesburg:	
Diphtheria.....	6
Gonorrhea.....	5
Hookworm.....	10
Influenza.....	20
Malaria.....	1
Measles.....	2
Mumps.....	4

## CAMP SHERIDAN ZONE, ALA.

Montgomery:	
Influenza.....	1
Measles.....	1
Tuberculosis, pulmonary.....	3
Typhoid fever.....	1
United States Government Clinic:	
Chaneroid.....	2
Gonorrhea.....	8
Syphilis.....	1

## CAMP SHERMAN ZONE, OHIO.

Chicken pox:	
Chillicothe.....	1
Diphtheria:	
Chillicothe.....	2
Gonorrhea:	
United States Government Clinic.....	16

## CAMP SHERMAN ZONE, OHIO—continued.

Influenza:	Cases.
Chillicothe.....	12
Ross County.....	14
Measles:	
Chillicothe.....	1

## CAMP ZACHARY TAYLOR ZONE, KY. AND IND.

Cerebrospinal meningitis:	
Louisville.....	2
Diphtheria:	
Jeffersonville.....	1
Louisville.....	4
Gonorrhea:	
Jeffersonville.....	2
United States Government Clinic.....	23
Veneral clinic, county jail.....	13
Influenza:	
Clark County.....	58
Jefferson County.....	61
Jeffersonville.....	63
Louisville.....	258
New Albany.....	73

Measles:	
Clark County.....	5
Louisville.....	1

Pneumonia:	
Jeffersonville.....	1
Louisville.....	5
New Albany.....	2

Smallpox:	
Louisville.....	1

Syphilis:	
United States Government Clinic.....	16
Veneral clinic, county jail.....	17

Tuberculosis, pulmonary:	
Louisville.....	7

Typhoid fever:	
Louisville.....	1

Whooping cough:	
Louisville.....	1

## TIDEWATER HEALTH DISTRICT, VA.

Newport News:	
Diphtheria.....	2
Gonorrhea.....	7
Influenza.....	2
Smallpox.....	1
Syphilis.....	5
Tuberculosis.....	2
Typhoid fever.....	1

## CAMP TRAVIS ZONE, TEX.

San Antonio:	
Chaneroid.....	1
Gonorrhea.....	14
Influenza.....	385
Measles.....	1
Pneumonia.....	10
Syphilis.....	3
Typhoid fever.....	1

## CAMP UPTON ZONE, N. Y.

Chicken pox:	
Patchogue.....	1
Diphtheria:	
Riverhead.....	2



CAMP UFTON ZONE, N. Y.—continued.		CAMP WADSWORTH ZONE, S. C.—continued.	
Pneumonia:	Cases.	Typhoid fever:	Cases.
Riverhead.....	4	Spartanburg.....	1
Tuberculosis:			
Brook Haven.....	1		
VANCOUVER ZONE, WASH.		CAMP WHEELER ZONE, GA.	
Influenza.....	183	Diphtheria:	
		Macon.....	6
CAMP WADSWORTH ZONE, S. C.		Influenza:	
Diphtheria:		Bibb County.....	13
Spartanburg.....	2	East Macon.....	17
Gonorrhea:		Macon.....	221
Spartanburg.....	9	Paynes Mill.....	2
Influenza:		Scarlet fever:	
Saxon Mills.....	1	Macon.....	3
Spartanburg.....	47	Tuberculosis:	
Spartanburg County.....	1	Macon.....	1
		Whooping cough:	
		Macon.....	1

### DISEASE CONDITIONS AMONG TROOPS IN THE UNITED STATES.<sup>1</sup>

The following data are taken from telegraphic reports received in the office of the Surgeon General of the United States Army for the week ended November 1, 1918:

Annual admission rate per 1,000 (disease only):		Noneffective rate per 1,000 on day of report—Continued:	
All troops.....	1,522.92	Cantonments.....	65.30
Divisional camps.....	2,384.80	Departmental and other troops.....	57.96
Cantonments.....	1,271.90		
Departmental and other troops.....	1,355.13	Annual death rate per 1,000 (disease only):	
Noneffective rate per 1,000 on day of report:		All troops.....	43.15
All troops.....	66.37	Divisional camps.....	54.26
Divisional camps.....	83.94	Cantonments.....	26.17
		Departmental and other troops.....	57.92

*Cases of special diseases reported during the week ended Nov. 1, 1918.*

Camp.	Pneumonia.	Dysentery.	Malaria.	Venereal diseases.		Influenza.	Measles.	Meningitis.	Scarlet fever.	Deaths.	Annual admission rate per 1,000 (disease only).	Noneffective per 1,000 on day of report.
				Total.	New infections.							
Beauregard.....	4	3	7	8	8	68	1			7	1,050.3	101.52
Bowie.....	110			200	2	1,122				13	6,129.7	115.61
Cody.....	109			9		1,588			1	11	10,148.0	229.60
Forrest.....	15					994	4			7	6,165.4	109.57
Fremont.....	21			3	2	22	6			29	2,220.6	273.69
Greene.....	77			383		152	1	2		35	2,334.0	77.08
Greenleaf.....	4	3		6		247	4	4		18	1,047.1	61.38
Hancock.....	61		1	30	5	340	32	2	5	38	1,187.7	66.62
Kearny.....	118		1	10	4	1,013				20	3,410.2	75.17
Logan.....	11		3	26	1	69				3	1,144.9	63.77
MacArthur.....	10			9	5	57	30	2		19	543.0	64.94
McClellan.....	87			57		196	4	5		35	1,276.2	86.77
Sevier.....	38		2	30	7	40	7	4		8	1,085.5	53.15
Shelby.....	51			16		1,056	7			3	6,967.5	179.24
Sheridan.....	75			15	5	116	8			26	1,380.9	53.70
Syracuse.....						6	1			2	216.8	35.82
Wadsworth.....	38			167	5	177	1			5	3,740.0	87.87
Wheeler.....	133		17	8		2				35	3,156.0	82.38
Custer.....	22			22		57			2	21	285.4	41.42
Devens.....	45			31	4	74	25	3		9	1,215.5	49.51

<sup>1</sup> Including Porto Rico.

## Cases of special diseases reported during the week ended Nov. 1, 1918—Continued.

Camp.	Pneumonia.	Dysentery.	Malaria.	Venereal diseases.		Influenza.	Measles.	Meningitis.	Scarlet fever.	Deaths.	Annual admission rate per 1,000 (disease only).	Non-effective 1,000 on day of report.
				Total.	New infections.							
Dix	26			66		30	2	1		5	744.4	43.29
Dodge	52			61	4	122	47	1		26	778.2	108.91
Eustis	3		1	22		426	3			7	3,379.3	81.59
Funston	38		1	55		105	71	1	1	36	646.6	50.43
Gordon	21		2	64		145	25	1		6	1,908.2	83.36
Grant	23		1	13		39		1	4	13	412.2	38.50
Humphreys	31		2	21	11	92	11	1		11	790.9	32.75
Jackson	9			57		79	42	1		21	649.3	61.26
J. E. Johnston	4		3	35	4	44	7	2		7	618.4	42.10
Las Casas	56		2	7		1,198				4	6,467.4	140.54
Lee	1			19	3	224	9			13	673.3	47.97
Lewis	186			61	2	402	45			33	2,487.3	82.62
Meade	20			104	5	46	26	3		4	832.5	29.50
Pike	9			4		93	166	2	2	19	1,643.8	69.93
Sherman	30			9		7	26	1		22	843.1	66.74
Taylor	69			46	6	234	227	11	1	43	1,335.8	80.30
Travis	146			75	12	742			30	30	3,081.8	135.20
Upton	46			49	3	400	4	1		11	1,358.7	71.02
Northeastern department				28	22	161				5	1,280.6	33.35
Eastern department	79		3	127	33	524	3			47	987.1	37.06
Southeastern department	87		2	74	39	1,459	1	1		10	3,717.5	71.59
Central department	214			43		389	4		5	91	1,518.3	64.32
Southern department	115	1	3	39		857				74	1,595.5	69.03
Western department	279			9	2	1,031				70	3,060.6	78.42
Aviation camps	173	6	4	144		945	2		3	78	1,419.6	61.21
Port of embarkation:												
Hoboken	48			104	10	719	38	2		49	2,359.1	171.36
Newport News	28	6	5	69	2	82	18	3		19	1,325.3	151.36
Alcatraz, disciplinary barracks											749.2	25.93
Leavenworth, disciplinary barracks	6							1		4	1,136.2	59.84
Jefferson Barracks	18					32				9	949.8	38.94
Columbus Barracks	1			2	1	9				6	551.1	40.20
Fort Logan				3	3					6	718.9	97.54
Fort McDowell	1		1	4	1	6				3	979.2	81.60
Fort Sill				20	20	70		1		14	704.4	42.38
Fort Slocum	2			9		4				10	571.1	37.58
Fort Thomas				3		4					486.1	38.39
West Point	1			1		13				2	684.5	16.85
Arsenals	9			9		36		1		12	804.6	34.72
Miscellaneous small stations	1					10					249.8	16.18
General hospitals										102		
Total	2,861	19	61	2,466	233	18,175	908	57	25	1,272	1,525.9	66.42

## Annual rate per 1,000 for special diseases.

Disease.	All troops in United States. <sup>1</sup>	Departmental and other troops. <sup>1</sup>	Divisional camps. <sup>1</sup>	Cantonments. <sup>1</sup>	Expeditionary forces. <sup>2</sup>
Pneumonia	98.85	102.19	167.30	65.39	67.22
Dysentery	.45	1.25	1.04		5.31
Malaria	2.11	1.73	5.39	.93	.54
Venereal	55.60	66.20	169.91	64.14	16.03
Paratyphoid					.03
Typhoid	.13		.34	.13	.20
Measles	31.37	6.35	18.43	57.50	8.48
Meningitis	1.97	.76	3.30	2.34	3.29
Scarlet fever	.86	.85	1.04	.78	.92
Influenza	627.97	611.12	1,263.47	336.17	.....

<sup>1</sup> Week ended Nov. 1, 1918.<sup>2</sup> Week ended Oct. 24, 1918.

Annual death rate (disease only) all troops in United States and American Expeditionary Forces, France, for the week ending October 25, 1918, 61.59.

## CURRENT STATE SUMMARIES.

## Telegraphic Reports for Week Ended November 9, 1918.

*Alabama.*—Influenza whole State, 1,990 cases (Nov. 1 to 9). Other diseases not reported epidemic.

*Arkansas.*—Texarkana: Tuberculosis 1. Hempstead: Chicken pox 4, diphtheria 1, smallpox 4, typhoid fever 1. Newton: Chicken pox 3, malaria 2, typhoid fever 2. Faulkner: Malaria 1, tuberculosis 1. Franklin: Malaria 4, German measles 2. Stamps: Tuberculosis 1, malarial. Drew: Tuberculosis 2. Jefferson: Malaria 1, tuberculosis 1. Weekly influenza report confused with daily reports; epidemic over, except in restricted rural districts. Few instances considerable rise in incidences following opening of schools.

*California.*—Total cases influenza to November 9, 135,000. Total cases week ended November 9, 20,000. Prevalence of disease greatly reduced in cities, still prevalent in some rural districts, but not generally prevalent. Los Angeles still reporting about 500 cases each day, but general trend is downward. Thirteen cases smallpox last week; 4 Palo Alto, 3 Santa Ana. Two cases poliomyelitis; 1 Mendocino County, 1 Redlands.

*Connecticut.*—Cerebrospinal meningitis, New Haven 1. Poliomyelitis, New Haven 1.

*Iowa.*—Chancroid: Council Bluffs 1, Sioux City 2. Diphtheria: Davenport 2, Des Moines 7, Dubuque 1, Montezuma 1, Ottumwa 2, Valley Junction 1. Gonorrhea: Avery 1, Cedar Rapids 3, Clarence 1, Corydon 3, Council Bluffs 6, Cresco 1, Davenport 3, Dubuque 1, Gilmore City 1, Greene 1, Iowa City 2, Keokuk 1, Mason City 2, Massena 1, Muscatine 1, Ottumwa 8, Sioux City 10, Yarmouth 1. Scarlet fever: Burlington 2, Carlisle 1, Davenport 1, Des Moines 10, Dubuque 1, Fort Dodge 2, Independence 1, Liscomb 1, Seymour 1. Smallpox: Burlington 1, Des Moines 3, Fort Dodge 6, Harland 7, Polk City 3. Syphilis: Council Bluffs 2, Cumberland 1, Keokuk 1, Massena 1, Ottumwa 3, Sioux City 4. Whooping cough: Paulins 1. In rural districts of following counties. Diphtheria: Audubon 1, Kossuth 1, Wayne 1. Gonorrhea: Guthrie 1. Poliomyelitis: Allamakee 1. Scarlet fever: Iowa 1, Marshall 1, Pottawattamie 1, Van Buren 1. Smallpox: Buenavista 1, Floyd 1, Marshall 6, Polk 1. For entire State, influenza 3,424 cases.

*Kansas.*—Poliomyelitis reported by cities: Junction City 1, Wichita 1. State totals: Typhoid fever 26, smallpox 9, diphtheria 21, scarlet fever 30, influenza 8,924—of which 2,244 were delayed reports from week ended November 2—epidemic apparently declining except in extreme central western counties of State, where it is at height.

## Reported by mail for preceding week (ended November 2):

Chancroid.....	1	Pellagra.....	1
Chicken pox.....	19	Pneumonia (lobar).....	185
Diphtheria.....	26	Scarlet fever.....	17
Erysipelas.....	5	Septic sore throat.....	2
German measles.....	1	Smallpox.....	22
Gonorrhea.....	36	Syphilis.....	11
Influenza.....	8,205	Trachoma.....	3
Measles.....	10	Tuberculosis.....	26
Mumps.....	9	Typhoid fever.....	25
Ophthalmia neonatorum.....	1	Whooping cough.....	61

*Massachusetts.*—Unusual prevalence. Diphtheria: Arlington 4, Cambridge 11, Lowell 13, Somerville 11. Lobar pneumonia: Springfield 34, Haverhill 16, Holyoke 10. Scarlet fever: Colerain 4, Franklin 5. Smallpox: Gloucester 1, West Springfield 1.

*Minnesota.*—Smallpox (new foci): Ottertail County, Newton Township, 1; St. Louis County, McDavitt Township, 3. One case cerebrospinal meningitis reported since November 4.

*New York.*—Outside of New York City. Diphtheria: 115, of which in Norwich 11, Corning 9, Buffalo 27. Typhoid fever: 30, of which in Corning 8, Herkimer village 6. Smallpox: Buffalo 1. Influenza subsiding. Reports of venereal diseases not required, voluntary reports syphilis 37, gonorrhea 5.

*North Carolina.*—Week ended November 11. Whooping cough 98, measles 3, diphtheria 51, scarlet fever 15, septic sore throat 2, smallpox 12, chicken pox 14, typhoid fever 16, meningitis 1.

*Ohio.*—Scarlet fever: Twenty-four cases Shadyside (Belmont County), 13 cases Mingo Junction, 6 cases Kenmore (Summit County). Smallpox: Five cases Lemon Township (Butler County), 30 cases Coshocton, 9 cases Elyria. Typhoid fever: Five cases Scott Township (Sandusky County). Venereal diseases: Seventy-eight cases.

*Vermont.*—Thirty towns report 236 cases influenza. No other unusual occurrence.

*Washington.*—No unusual outbreak of disease other than influenza. Total of cases 4,485 during week, as compared with 10,028 during week ended November 2, 1918.

## CEREBROSPINAL MENINGITIS.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

	Cases.		Cases.
Camp Beauregard zone, La.....	1	Camp Sevier zone, S. C.....	2
Camp Eberts zone, Ark.....	2	Camp Zachary Taylor zone, Ky. and Ind.....	2
Camp Greene zone, N. C.....	1		

## State Reports for September, 1918.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Iowa:	
Calhoun County.....	1	Louisa County.....	1
Jefferson County.....	8		
Monroe County.....	1		
Total.....	10		

**CEREBROSPINAL MENINGITIS—Continued.****City Reports for Week Ended Oct. 26, 1918.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alton, Ill.	1	1	Louisville, Ky.	1	1
Astoria, Oreg.	1	1	Medford, Mass.	1	1
Baltimore, Md.	5	1	Milwaukee, Wis.	2	2
Boston, Mass.	4	1	New Orleans, La.	1	1
Chicago, Ill.	1	1	New York, N. Y.	5	3
Cleveland, Ohio.	3	1	Orange, N. J.	1	1
Detroit, Mich.	1	1	Philadelphia, Pa.	2	1
Greenfield, Mass.	1	1	Pittsburgh, Pa.	2	1
Kalamazoo, Mich.	1	1	Pontiac, Mich.	1	1
Kansas City, Kans.	1	1	Richmond, Va.	1	1
Lackawanna, N. Y.	1	1			

**CHANCROID.****Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.**

Cases.	Cases.
Camp Lee zone, Va.	32
Camp Logan zone, Tex.	1
Portsmouth and Norfolk County health district, Va.	3
Camp Sheridan zone, Ala.	2
Camp Travis zone, Tex.	1

**DIPHTHERIA.****Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.**

Cases.	Cases.
Camp Bowie zone, Tex.	1
Camp Devens zone, Mass.	1
Camp Dodge zone, Iowa.	7
Camp Funston zone, Kans.	1
Camp Gordon zone, Ga.	5
Gulfport health district, Miss.	2
Camp Hancock zone, Ga.	1
Camp Jackson zone, S. C.	1
Camp Lee zone, Va.	6
Camp Logan zone, Tex.	1
New London sanitary district, Conn.	2
Fort Oglethorpe zone, Ga. and Tenn.	2
Camp Pike zone, Ark.	1
Portsmouth and Norfolk County health district, Va.	3
Camp Sevier zone, S. C.	1
Camp Shelby zone, Miss.	6
Camp Sherman zone, Ohio.	2
Camp Zachary Taylor zone, Ky. and Ind.	5
Tidewater health district, Va.	2
Camp Upton zone, N. Y.	2
Camp Wadsworth zone, S. C.	2
Camp Wheeler zone, Ga.	6

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 2014.

**ERYSIPELAS.****City Reports for Week Ended Oct. 26, 1918.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alexandria, La.	1	1	Minneapolis, Minn.	3	1
Baltimore, Md.	1	1	Newark, N. J.	3	1
Buffalo, N. Y.	4	1	New York, N. Y.	1	3
Chicago, Ill.	6	1	Omaha, Nebr.	1	1
Cleveland, Ohio.	1	1	Philadelphia, Pa.	2	1
Detroit, Mich.	3	1	St. Louis, Mo.	2	1
Leavenworth, Kans.	1	1	Stockton, Cal.	1	1
Los Angeles, Cal.	1	1	Winston-Salem, N. C.	1	1
Louisville, Ky.	1	1			



## GONORRHEA.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

Cases.	Cases.
Camp Beauregard zone, La..... 1	Fort Oglethorpe zone, Ga. and Tenn..... 18
Camp Bowie zone, Tex..... 14	Camp Pike zone, Ark..... 11
Camp Doniphan zone, Okla..... 2	Portsmouth and Norfolk County health district, Va..... 11
Gas and Flame School zone, Ga. and Ala..... 4	Portsmouth-Kittery sanitary district, N. H. and Me..... 1
Camp Gordon zone, Ga..... 19	Camp Shelby zone, Miss..... 5
Camp Greene zone, N. C..... 5	Camp Sheridan zone, Ala..... 8
Gulfport health district, Miss..... 2	Camp Sherman zone, Ohio..... 16
Fort Leavenworth zone, Kans..... 5	Camp Zachary Taylor zone, Ky. and Ind..... 38
Camp Lee zone, Va..... 96	Tidewater health district, Va..... 7
Camp Logan zone, Tex..... 10	Camp Travis zone, Tex..... 14
Camp MacArthur zone, Tex..... 1	Camp Wadsworth zone, S. C..... 9
Camp McClellan zone, Ala..... 5	
New London sanitary district, Conn..... 1	

## INFLUENZA.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

Cases.	Cases.
Camp Beauregard zone, La..... 78	Camp Logan zone, Tex..... 1
Camp Bowie zone, Tex..... 32	Camp MacArthur zone, Tex..... 75
Bremerton zone, Wash..... 82	Camp McClellan zone, Ala..... 38
Camp Devens zone, Mass..... 11	New London sanitary district, Conn..... 77
Camp Dix zone, N. J..... 30	Fort Oglethorpe zone, Ga. and Tenn..... 26
Camp Dodge zone, Iowa..... 208	Picric acid plant zone, Ga..... 41
Camp Doniphan zone, Okla..... 4	Camp Pike zone, Ark..... 94
Camp Eberts zone, Ark..... 44	Camp Polk zone, N. C..... 284
Camp Funston zone, Kans..... 75	Portsmouth and Norfolk County health district, Va..... 8
Gas and Flame School zone, Ga. and Ala..... 299	Camp Sovier zone, S. C..... 3
Gerstner Field zone, La..... 186	Camp Shelby zone, Miss..... 50
Camp Gordon zone, Ga..... 134	Camp Sheridan zone, Ala..... 1
Camp Greene zone, N. C..... 49	Camp Sherman zone, Ohio..... 26
Gulfport health district, Miss..... 388	Camp Zachary Taylor zone, Ky. and Ind..... 513
Camp Hancock zone, Ga..... 153	Tidewater health district, Va..... 2
Camp Humphreys zone, Va..... 21	Camp Travis zone, Tex..... 385
Camp Jackson zone, S. C..... 6	Vancouver zone, Wash..... 180
Fort Leavenworth zone, Kans..... 95	Camp Wadsworth zone, S. C..... 49
Camp Lee zone, Va..... 79	Camp Wheeler zone, Ga..... 253
Camp Lewis zone, Wash..... 44	

## LEPROSY.

## Arizona—Glendale.

During the month of October, 1918, one case of leprosy was reported at Glendale, Ariz., in a Mexican woman who had lived in the United States for one year and who has now returned to Mexico.

## Massachusetts—Boston.

On October 29, 1918, a case of leprosy was notified at Boston, Mass., in the person of J. M., a native of Cape Verde Islands, has been in the United States since May 1916, and has lived at Lowell and New Bedford, Mass., and at Woonsocket, R. I. The patient is under the supervision of the Boston Health authorities and is under detention awaiting transportation to the Massachusetts leprosarium on Penikese Island.

**MALARIA.****Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.**

	Cases.		Cases.
Camp Beanregard zone, La.....	1	Gulfport health district, Miss.....	10
Camp Eberts zone, Ark.....	3	Camp Pike zone, Ark.....	3
Gas and Flame School zone, Ga. and Ala.....	1	Camp Shelby zone, Miss.....	1

**Alabama Report for September, 1918.**

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Alabama—Continued.	
Autauga County.....	2	Henry County.....	6
Barbour County.....	2	Houston County.....	1
Bibb County.....	4	Jackson County.....	1
Bullock County.....	1	Jefferson County.....	25
Butler County.....	2	Lauderdale County.....	3
Calhoun County.....	27	Limestone County.....	3
Choctaw County.....	6	Lowndes County.....	3
Colbert County.....	74	Montgomery County.....	4
Crenshaw County.....	7	Pickens County.....	7
Dale County.....	1	Shelby County.....	1
Dekalb County.....	1	Sumter County.....	2
Escambia County.....	3	Talladega County.....	7
Etowah County.....	3	Tuscaloosa County.....	13
Franklin County.....	1	Walker County.....	1
Geneva County.....	1	Winston County.....	1
Greene County.....	146		
Hale County.....	4	Total.....	367

**City Reports for Week Ended Oct. 26, 1918.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Cape Girardeau, Mo.....	20		Savannah, Ga.....	3	1
New Orleans, La.....		1	Tuscaloosa, Ala.....	3	

**MEASLES.****Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.**

	Cases.		Cases.
Camp Funsten zone, Kans.....	1	Camp Sheridan zone, Ala.....	1
Gas and Flame School zone, Ga. and Ala.....	3	Camp Sherman zone, Ohio.....	1
Camp Gordon zone, Ga.....	2	Camp Zachary Taylor zone, Ky. and Ind.....	6
Camp Logan zone, Tex.....	1	Camp Travis zone, Tex.....	1
Camp Shelby zone, Miss.....	3		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 2014.

**PELLAGRA.****Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.**

	Cases.		Cases.
Camp Bowie zone, Tex.....	1	Gas and Flame School zone, Ga. and Ala.....	3

**Alabama Report for September, 1918.**

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Alabama—Continued.	
Bibb County.....	1	Jefferson County.....	9
Calhoun County.....	1	Lee County.....	1
Chambers County.....	1	Limestone County.....	3
Choctaw County.....	2	Montgomery County.....	8
Clarke County.....	1	Pike County.....	1
Clay County.....	1	Sumter County.....	1
Etowah County.....	1	Talladega County.....	2
Franklin County.....	2	Tuscaloosa County.....	28
Geneva County.....	1	Walker County.....	1
Hale County.....	1		
Houston County.....	1	Total.....	57

## PELLAGRA—Continued.

## City Reports for Week Ended Oct. 26, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.		1	New Orleans, La.	1	1
Boston, Mass.	1		Savannah, Ga.		1
Charlotte, N. C.		1	Waco, Tex.	2	2
Houston, Tex.		1	Waltham, Mass.	1	1
Nashville, Tenn.		2			

## PNEUMONIA.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

	Cases.		Cases.
Camp Beauregard zone, La.	2	Camp Lewis zone, Wash.	2
Camp Bowie zone, Tex.	69	Camp Logan zone, Tex.	2
Camp Eberts zone, Ark.	2	Camp MacArthur zone, Tex.	4
Camp Funston zone, Kans.	5	Camp McClellan zone, Ala.	24
Gas and Flame School zone, Ga. and Ala.	26	New London sanitary district, Conn.	5
Gerstner Field zone, La.	14	Camp Pike zone, Ark.	15
Camp Gordon zone, Ga.	3	Camp Sevier zone, S. C.	1
Gulfpport health district, Miss.	14	Camp Zachary Taylor zone, Ky. and Ind.	8
Camp Hancock zone, Ga.	21	Camp Travis zone, Tex.	10
Camp Lee zone, Va.	10	Camp Upton zone, N. Y.	4

## City Reports for Week Ended Oct. 26, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.	17		Hornell, N. Y.	30	
Alameda, Cal.	7	7	Independence, Mo.	8	5
Alexandria, La.	8		Jackson, Mich.	52	62
Anniston, Ala.	10		Jersey City, N. J.	121	
Appleton, Wis.	1		Joplin, Mo.	50	
Asbury Park, N. J.	10	4	Kalamazoo, Mich.	27	14
Atlanta, Ga.	17	27	Kansas City, Kans.	1	
Attleboro, Mass.	4	1	Lackawanna, N. Y.	21	14
Baltimore, Md.	144	484	Lawrence, Mass.	8	8
Belleville, N. J.	12	3	Lincoln, Nebr.	11	3
Bellingham, Wash.	3		Little Rock, Ark.	80	10
Benton Harbor, Mich.	5		Long Beach, Cal.	10	21
Berkeley, Cal.	18	20	Los Angeles, Cal.	40	26
Binghamton, N. Y.	116	6	Louisville, Ky.	18	116
Bluefield, W. Va.	20	6	Lowell, Mass.	4	19
Boston, Mass.	43	52	Manchester, Conn.	8	
Bridgeport, Conn.	12	34	Manchester, N. H.	2	2
Cambridge, Mass.	1	1	Manitowoc, Wis.	12	9
Cape Girardeau, Mo.	14	4	Melrose, Mass.	1	1
Cheisca, Mass.	2	5	Mortclair, N. J.	5	2
Chicago, Ill.	2,968	826	Morgantown, W. Va.	8	
Cleveland, Ohio.	162	106	Morristown, N. J.	31	25
Coffeyville, Kans.	2	1	Nashville, Tenn.	1	12
Cortland, N. Y.	2		Newark, N. J.	527	93
Cranston, R. I.	14	14	New Bedford, Mass.	8	4
Dedham, Mass.	2	2	Newcastle, Ind.	3	2
Detroit, Mich.	127	205	New London, Conn.	9	3
Duluth, Minn.	1	3	New York, N. Y.	5,153	2,251
East Orange, N. J.	31	8	Northampton, Mass.	3	
Elizabeth, N. J.	6	66	North Tonawanda, N. Y.	27	7
Englewood, N. J.	7	7	Norwood, Ohio.	32	6
Everett, Mass.	1	11	Oak Park, Ill.	3	11
Everett, Wash.	2		Oklahoma City, Okla.	383	52
Fall River, Mass.	10	1	Oshkosh, Wis.	5	5
Fort Worth, Tex.	123	71	Pasadena, Cal.	8	
Frederick, Md.	1		Pascale, N. J.	62	26
Galveston, Tex.	2	7	Peabody, Mass.	3	1
Gardner, Mass.	2	11	Philadelphia, Pa.	408	776
Grand Rapids, Mich.	32	5	Piqua, Ohio.	14	10
Greenwich, Conn.	32	27	Pontiac, Mich.	9	13
Hackensack, N. J.	37	11	Port Chester, N. Y.	82	24
Harrison, N. J.	11	3	Quincy, Ill.	19	14
Hoboken, N. J.	15	61	Quincy, Mass.	1	3
Holland, Mich.	1	1	Richmond, Va.	4	42

**PNEUMONIA—Continued.****City Reports for Week Ended Oct. 26, 1918—Continued.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Rochester, N. Y.....	124	25	Springfield, Mass.....	65	28
Rome, N. Y.....	39	.....	Springfield, Ohio.....	3	1
Baginaw, Mich.....	2	.....	Stockton, Cal.....	78	27
St. Joseph, Mo.....	6	24	Toledo, Ohio.....	6	39
Salem, Mass.....	5	12	Troy, N. Y.....	14	62
San Diego, Cal.....	2	2	Tuscaloosa, Ala.....	11	.....
Sandusky, Ohio.....	36	12	Waco, Tex.....	19	22
Santa Barbara, Cal.....	10	4	Westfield, Mass.....	6	3
Saratoga Springs, N. Y.....	5	5	West Hoboken, N. J.....	2	10
Sault Ste. Marie, Mich.....	8	14	Wichita, Kans.....	36	29
Schenectady, N. Y.....	5	8	Winthrop, Mass.....	1	2
Somerville, Mass.....	1	.....	Worcester, Mass.....	61	22

**POLIOMYELITIS (INFANTILE PARALYSIS).****State Reports for September, 1918.**

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Iowa—Continued.	1
Limestone County.....	1	Clayton County.....	2
Tuscaloosa County.....	1	Dubuque County.....	7
Total.....	2	Henry County.....	1
Iowa:		Jackson County.....	1
Albany County.....	1	Mahaska County.....	1
Cass County.....	1	Polk County.....	1
Cedar County.....	1	Van Buren County.....	1
Chickasaw County.....	.....	Total.....	18

**City Reports for Week Ended Oct. 26, 1918.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	1	.....	Chicago, Ill.....	1	2
Birmingham, Ala.....	1	.....	Manchester, Conn.....	1	.....
Boston, Mass.....	1	.....			

**RABIES IN ANIMALS.****City Report for Week Ended Oct. 26, 1918.**

There were four cases of rabies in animals reported at Rochester, N. Y., during the week ended October 26, 1918.

**RABIES IN MAN.****City Report for Week Ended Oct. 26, 1918.**

During the week ended October 26, 1918, there was one death from rabies reported at Detroit, Mich.

## SCARLET FEVER.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

	Cases.		Cases.
Bremerton zone, Wash.....	1	Gulfport health district, Miss.....	1
Camp Dodge zone, Iowa.....	10	Camp Jackson zone, S. C.....	2
Camp Funston zone, Kans.....	1	New London sanitary district, Conn.....	1
Gas and Flame School zone, Ga. and Ala.....	1	Fort Oglethorpe zone, Ga. and Tenn.....	3
Camp Gordon zone, Ga.....	7	Camp Wheeler zone, Ga.....	3

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 2014.

## SMALLPOX.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

	Cases.		Cases.
Camp Bowie zone, Tex.....	4	Camp Zachary Taylor zone, Ky. and Ind.....	1
Camp Dodge zone, Iowa.....	6	Tidewater health district, Va.....	1
Camp Gordon zone, Ga.....	7		

## Maryland—Hagerstown.

On November 13, 1918, six cases of smallpox were notified at Hagerstown, Md.

## State Reports for September, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
<b>Alabama:</b>			<b>Iowa:</b>		
Bibb County.....	5	.....	Boone County.....	5	.....
Bullock County.....	1	.....	Cass County.....	5	.....
Butler County.....	3	3	Dickinson County.....	1	.....
Calhoun County.....	4	.....	Dubuque County.....	2	.....
Colbert County.....	2	.....	Linn County.....	16	.....
Jefferson County.....	10	.....	O'Brien County.....	3	.....
Lauderdale County.....	2	.....	Polk County.....	12	.....
Limestone County.....	2	.....	Pottawattamie County.....	2	.....
Shelby County.....	3	.....	Webster County.....	1	.....
Talladega County.....	6	.....	<b>Total.....</b>	<b>47</b>	<b>.....</b>
Tallapoosa County.....	3	.....			
<b>Total.....</b>	<b>41</b>	<b>3</b>			

## City Reports for Week Ended Oct. 26, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Albuquerque, N. M.....	1	.....	Marquette, Wis.....	3	.....
Billings, Mont.....	5	.....	Minneapolis, Minn.....	7	.....
Birmingham, Ala.....	2	.....	Missoula, Mont.....	1	.....
Bluefield, W. Va.....	1	.....	Muncie, Ind.....	1	.....
Buffalo, N. Y.....	2	.....	Oklahoma City, Okla.....	2	.....
Cape Girardeau, Mo.....	1	.....	Omaha, Nebr.....	8	.....
Chicago, Ill.....	3	.....	Peoria, Ill.....	2	.....
Cincinnati, Ohio.....	1	.....	Portland, Mich.....	2	.....
Cleveland, Ohio.....	13	.....	Portland, Oreg.....	2	.....
Columbus, Ohio.....	2	.....	Saginaw, Mich.....	2	.....
Denver, Colo.....	5	.....	St. Joseph, Mo.....	4	.....
Detroit, Mich.....	1	.....	Salt Lake City, Utah.....	3	.....
Dubuque, Iowa.....	4	.....	Savannah, Ga.....	1	.....
Elyria, Ohio.....	3	.....	Seattle, Wash.....	2	.....
Grand Rapids, Mich.....	1	.....	Sioux Falls, S. Dak.....	1	.....
Knoxville, Tenn.....	1	.....	Superior, Wis.....	2	.....
Lincoln, Nebr.....	1	.....	Vallejo, Cal.....	3	.....
Lorain, Ohio.....	2	.....	Wichita, Kans.....	12	.....
Los Angeles, Cal.....	3	.....			



## TETANUS.

## City Reports for Week Ended Oct. 26, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....		1	Topeka, Kans.....	1	1
Louisville, Ky.....		1	Trenton, N. J.....		1
South Bend, Ind.....		1			

## TUBERCULOSIS.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

Cases.	Cases.
Camp Bowie zone, Tex.....	9
Gas and Flame School zone, Ga. and Ala.....	3
Camp Gordon zone, Ga.....	6
Camp Logan zone, Tex.....	9
Camp MacArthur zone, Tex.....	1
Camp McClellan zone, Ala.....	1
New London sanitary district, Conn.....	8
Fort Oglethorpe zone, Ga. and Tenn.....	1
Picnic acid plant zone, Ga.....	1
Camp Pike zone, Ark.....	5
Camp Sheridan zone, Ala.....	3
Camp Zachary Taylor zone, Ky. and Ind.....	7
Tidewater health district, Va.....	2
Camp Upton zone, Tex.....	1
Camp Wheeler zone, Ga.....	1

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 2014.

## TYPHOID FEVER.

## Cases Reported in Extra-Cantonment Zones, Week Ended Nov. 9, 1918.

Cases.	Cases.
Gas and Flame School zone, Ga. and Ala.....	2
Camp Gordon zone, Ga.....	6
Camp Humphreys zone, Va.....	1
Camp MacArthur zone, Tex.....	1
Camp Pike zone, Ark.....	1
Camp Polk zone, N. C.....	6
Camp Shelby zone, Miss.....	2
Camp Sheridan zone, Ala.....	1
Camp Zachary Taylor zone, Ky. and Ind.....	1
Tidewater health district, Va.....	1
Camp Travis zone, Tex.....	1
Camp Wadsworth zone, S. C.....	1

## Alabama Report for September, 1918.

Place.	New cases reported.	Place.	New cases reported.
<b>Alabama:</b>		<b>Alabama—Continued.</b>	
Autauga County.....	3	Hale County.....	3
Bibb County.....	4	Henry County.....	1
Bullock County.....	2	Houston County.....	1
Butler County.....	8	Jackson County.....	5
Calhoun County.....	11	Jefferson County.....	111
Chambers County.....	5	Lamar County.....	4
Cherokee County.....	1	Lauderdale County.....	7
Chilton County.....	3	Lee County.....	5
Choctaw County.....	1	Limestone County.....	2
Clarke County.....	1	Macon County.....	4
Clay County.....	2	Monroe County.....	1
Cleburne County.....	2	Montgomery County.....	15
Coffee County.....	1	Pickens County.....	1
Colbert County.....	17	Pike County.....	3
Conecuh County.....	1	Randolph County.....	3
Cosa County.....	1	Shelby County.....	1
Covington County.....	2	St. Clair County.....	3
Cullman County.....	9	Talladega County.....	19
DeKalb County.....	2	Tallapoosa County.....	12
Escambia County.....	4	Tuscaloosa County.....	4
Etowah County.....	1	Walker County.....	2
Fayette County.....	1	Wilcox County.....	2
Franklin County.....	1	Winston County.....	1
Geneva County.....	1		
Greene County.....	2	Total.....	296



# DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Oct. 26, 1918—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Ann Arbor, Mich.	15,041	32								
Ansonia, Conn.	16,954	16								
Appleton, Wis.	18,005	7								
Arlington, Mass.	13,073	6								
Asbury Park, N. J.	14,629	15								
Athlanta, Ga.	196,144		5				8	1	1	1
Atlantic City, N. J.	59,515	58							2	1
Attleboro, Mass.	19,776	13		1					1	1
Auburn, N. Y.	37,823	63					1			
Baltimore, Md.	594,637	1,358	21	4			1		20	32
Bayonne, N. J.	72,204		2				1		5	
Beatrice, Nebr.	10,437	11								
Belleville, Ill.	31,154	3					1			
Beloit, Wis.	18,547	29							1	1
Benton Harbor, Mich.	11,099		1						1	
Berkeley, Cal.	60,427	48	4	1						3
Beverly, Mass.	22,128	12								
Billings, Mont.	15,123	22			1					
Binghamton, N. Y.	54,864	102	4	1			2		2	1
Birmingham, Ala.	189,716	173		1	1		11		1	9
Boise, Idaho	35,951	16								
Boston, Mass.	767,813	436	23	3	8	1	8		61	25
Bradock, Pa.	22,060		2						1	
Brazil, Ind.	10,472	3								
Bridgeport, Conn.	124,724	218	15	1	6		4		2	4
Bristol, Conn.	16,315	28	1	1						
Brookline, Mass.	33,526	10								2
Buffalo, N. Y.	475,781	910	33	5	19	2		1	13	23
Burlington, Iowa	25,144	5					1			
Butler, Pa.	28,677		4		1		3			
Butte, Mont.	44,057						4			
Cairo, Ill.	15,995	19			13		1			2
Cambridge, Mass.	114,293	53	6	1	1				7	5
Canton, Ohio	62,566	66	3		1		2			
Cape Girardeau, Mo.	11,146	8					5			3
Carbondale, Pa.	19,567		1		1					
Charleston, S. C.	61,041	118			5		1			1
Charleston, W. Va.	31,060	103	3							2
Charlotte, N. C.	40,759	36							1	1
Chelsea, Mass.	48,405	36					1		2	2
Chester, Pa.	41,857	1								
Chicago, Ill.	2,547,291	3,157	137	33	30	2	16		104	85
Chicopee, Mass.	29,950	32								3
Cincinnati, Ohio	414,248	395	19		3		7		11	15
Cleveland, Ohio	692,259	633	29	3	3		10		12	23
Clinton, Mass.	13,075	7								
Columbus, Ohio	220,135	199	8		1		6		6	8
Concord, N. H.	22,858	19								
Corpus Christi, Tex.	10,789	12								
Cortland, N. Y.	13,321	18								
Council Bluffs, Iowa	31,833	33							1	5
Covington, Ky.	56,623		3							
Cranston, R. I.	26,773	22								
Dallas, Tex.	129,738	140							1	1
Danville, Ill.	32,969	34	4							
Davenport, Iowa	49,618		2				1			
Dedham, Mass.	10,618	8					2			
Denver, Colo.	298,439		4				4			31
Detroit, Mich.	619,645	624	68	8	4	1	25		33	33
Dover, N. H.	13,276	5								1
Dubois, Pa.	14,994		1							
Duluth, Minn.	97,077	31					1			2
East Chicago, Ind.	30,286	47								
Easton, Pa.	30,854		2		1		1			
East Orange, N. J.	43,761	13							1	2
Elgin, Ill.	28,562	6							1	
Elizabeth, N. J.	88,830	140	4	1					2	
El Paso, Tex.	69,149	229					4			11
Elyria, Ohio	19,503	13	1				1			
Englewood, N. J.	12,693	8								

<sup>1</sup> Population Apr. 15, 1910.

# DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Oct. 26, 1918—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Erie, Pa.	76,592	23	2						2	
Evanston, Ill.	29,304	16	1		1					
Everett, Mass.	40,160	154	3	1	4				2	8
Fall River, Mass.	129,828	25								
Fargo, N. Dak.	17,872	15			1					
Farrell, Pa.	10,190	15								
Findlay, Ohio	14,858	9					1			
Fond du Lac, Wis.	21,486	21	2				1			
Fort Dodge, Iowa	21,039	90	3				1		2	3
Fort Worth, Tex.	100,397	21					1			
Frederick, Md.	11,225	29								1
Galesburg, Ill.	21,629	56								1
Galveston, Tex.	42,650	17,534			1		1			
Gardner, Mass.	17,534	45	2	1			6		7	1
Grand Rapids, Mich.	132,861	16	2				1			
Greenfield, Mass.	12,251	19,594								1
Greenwich, Conn.	19,594	17,412	1							
Hackensack, N. J.	17,412	73,276	1		1					
Harrisburg, Pa.	73,276	12	1	1	1		1			
Harrison, N. J.	17,345	112,851	6		16		5		4	3
Hartford, Conn.	112,851	17,357	1							
Hattiesburg, Miss.	17,357	28,981	1				1			
Hazleton, Pa.	28,981	78,321	3						2	7
Hoboken, N. J.	78,321	66,503	1				1			1
Holyoke, Mass.	66,503	14,857	2							
Hornell, N. Y.	14,857	116,878	3				3			3
Houston, Tex.	116,878	11,964		2						
Independence, Mo.	11,964	283,622	7	1	1		2		4	7
Indianapolis, Ind.	283,622	35,996	1				1			2
Jackson, Mich.	35,996	15,506								4
Jacksonville, Ill.	15,506	312,557	11				3		12	
Jersey City, N. J.	312,557	70,473	3		9		1			
Johnstown, Pa.	70,473	50,408	3						5	
Kalamazoo, Mich.	50,408	102,096	1				1		6	
Kansas City, Kans.	102,096	21,325					2		1	
Kearny, N. J.	21,325	32,833			2		1	1		
Kenosha, Wis.	32,833	50,112	2	1			1		1	1
Knoxville, Tenn.	50,112	16,219	3		19		1		1	
Lackawanna, N. Y.	16,219	31,833	2							1
La Crosse, Wis.	31,833	21,481					1			
La Fayette, Ind.	21,481	51,437	2							
Lancaster, Pa.	51,437	102,923	2						2	1
Lawrence, Mass.	102,923	19,363							2	
Leavenworth, Kans.	19,363	37,145	4		1		8			
Lima, Ohio	37,145	46,957	5				1			
Lincoln, Nebr.	46,957	58,716	1		1				1	2
Little Rock, Ark.	58,716	29,163	1							
Long Beach, Cal.	29,163	38,266	4				3			
Lorain, Ohio	38,266	535,485	20	1	5		3		32	30
Los Angeles, Cal.	535,485	240,808	11	1	1				4	8
Louisville, Ky.	240,808	114,366	9	1			3		1	4
Lowell, Mass.	114,366	33,497								
Lynchburg, Va.	33,497	104,534	4	1	3				4	3
Lynn, Mass.	104,534	48,290	4				1			
McKeesport, Pa.	48,290	31,315								
Madison, Wis.	31,315	52,243	1						4	
Malden, Mass.	52,243	15,859	7		3					
Manchester, Conn.	15,859	79,607	34							
Manchester, N. H.	79,607	13,931	17							1
Manitowoc, Wis.	13,931	14,610	5				1			
Marinette, Wis.	14,610	19,923	4							1
Marion, Ind.	19,923	12,555	7							
Marquette, Mich.	12,555	14,938	10							
Mason City, Iowa	14,938	12,764	8	1	13					1
Mattoon, Ill.	12,764	26,681	15						2	
Medford, Mass.	26,681	17,724	2							
Melrose, Mass.	17,724	131,877	6				6		18	5
Memphis, Tenn.	131,877	445,008	17	1	6		14		16	9
Milwaukee, Wis.	445,008	373,448	37	2		1	3		6	8
Minneapolis, Minn.	373,448									

Population Apr. 15, 1910.

# DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Oct. 26, 1918—Continued.

City.	Population as of July 1, 1917 (esti- mated by U.S. Census Bureau).	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tubercu- losis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Mishawaka, Ind.	17,083	6					2			
Missoula, Mont.	19,975	22			1		9			
Mobile, Ala.	59,201	85	4							3
Moline, Ill.	27,976	14	3							
Monessen, Pa.	23,070		4							
Montclair, N. J.	27,087						1			
Montgomery, Ala.	44,039	11	1		2					
Morgantown, W. Va.	14,444	15							1	1
Morristown, N. J.	13,410	32								
Mount Carmel, Pa.	20,709		7							
Mount Vernon, Ohio.	10,877	7								
Mun'ie, Ind.	25,653	6	2							
Nanticoke, Pa.	23,811				4		2			
Nashua, N. H.	27,541	27					2			1
Nashville, Tenn.	118,136	180	1		14		5			6
Newark, N. J.	418,789	572	23	1	2		1		27	18
Newark, Ohio.	30,317	44					2			
New Bedford, Mass.	121,622	142	11	4					3	4
New Britain, Conn.	55,385	21	1		1		2			1
Newburyport, Mass.	15,291	8								
New Castle, Ind.	14,144	4	1							
New Castle, Pa.	41,915		5							
New Haven, Conn.	152,275	230	3		1		1		8	5
New London, Conn.	21,199	18								
New Orleans, La.	377,010	868	4				1		28	22
Newport, R. I.	30,585	6							1	
Newton, Mass.	44,315	20	1						1	1
New York, N. Y.	5,737,492	6,783	164	37	15	2	52	1	199	215
Niagara Falls, N. Y.	38,466	99	1		3		2			1
Norfolk, Va.	91,148		1							
North Adams, Mass.	122,019	20								1
Northampton, Mass.	20,006	25					2			
North Tonawanda, N. Y.	14,060	31								
North Yakima, Wash.	22,058						2			
Norwood, Ohio.	23,299	13	1				2		3	2
Oakland, Cal.	206,405	181	1		1				2	
Oak Park, Ill.	27,816	21	1				2			
Oil City, Pa.	20,162		4		1		2			
Oklahoma City, Okla.	97,588	68	7		5					
Olean, N. Y.	16,927	31								
Omaha, Nebr.	177,777	188	5	1	2		2			2
Orange, N. J.	33,636	57	1				2			
Oshkosh, Wis.	36,549	9	1		4				1	1
Parkersburg, W. Va.	21,059	15								
Pasadena, Cal.	49,629	8			2					
Passaic, N. J.	74,478	80	1	1					1	1
Pawtucket, R. I.	60,666	91								
Peabody, Mass.	18,785	9								
Peekskill, N. Y.	19,034	25								3
Peoria, Ill.	72,181	61								3
Perth Amboy, N. J.	42,646	52							2	
Philadelphia, Pa.	1,735,514		49	9	10		5	3	59	102
Piqua, Ohio.	14,275	15								
Pittsburgh, Pa.	585,196		25		11		10		13	
Pittsfield, Mass.	39,678	155								2
Plymouth, Mass.	14,001	8								
Plymouth, Pa.	19,439		2		2					
Pontiac, Mich.	18,006	16					1			
Port Chester, N. Y.	16,727	37	1				1			
Portland, Me.	64,720	74	2		1					3
Portland, Oreg.	398,379	132	1		5		1		7	2
Pottstown, Pa.	16,987		11							
Pottsville, Pa.	22,717		1		2					
Providence, R. I.	259,895	312	9	2	2		10			14
Quincy, Ill.	36,832	27								1
Quincy, Mass.	39,022	18	2				2		1	
Rahway, N. J.	10,361	21	2							
Reading, Pa.	111,607		3		13					
Red ands, Cal.	14,573	4								2
Richmond, Va.	158,702	187	10				2		4	8
Roanoke, Va.	46,282	31							1	

<sup>1</sup> Population Apr. 15, 1910.



# DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Oct. 26, 1918—Continued.

City.	Population as of July 1, 1917 (esti- mated by U. S. Census Bureau).	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever		Tubercu- losis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Rochester, N. Y.	264,714	273	9	1	2		3		4	4
Rockford, Ill.	56,739	59	1							
Rock Island, Ill.	29,452		1							
Rocky Mount, N. C.	12,673	15					1			
Rome, N. Y.	24,259								1	
Rutland, Vt.	15,088	6								
Sacramento, Cal.	68,984	63	1				1			4
Saginaw, Mich.	56,469	24	2		9					
St. Joseph, Mo.	86,498		4	1					1	1
St. Louis, Mo.	768,650	410	49	2	17		14	1	57	13
Salem, Mass.	49,346						1		1	1
Salt Lake City, Utah.	121,623	83	5				5	1		4
San Angelo, Tex.	10,321	8								2
San Diego, Cal.	56,412	35	1		6		2		4	2
Sandusky, Ohio.	20,226	21								
San Jose, Cal.	39,810						4			
Santa Barbara, Cal.	15,360	9			1					
Santa Cruz, Cal.	15,150	3								1
Saratoga Springs, N. Y.	13,839	18								
Sault Ste. Marie, Mich.	14,130	16	1							
Savannah, Ga.	69,250	95	2	1			1		1	6
Schenectady, N. Y.	103,774		3	1	1					
Scranton, Pa.	119,541		8		2		4			
Seattle, Wash.	366,445		14				7			
Shamokin, Pa.	21,274		7							
Shenandoah, Pa.	29,753		1							
Sioux City, Iowa.	58,598		1							
Sioux Falls, S. Dak.	16,887	15								
Somerville, Mass.	88,618	38	1				3		5	1
South Bend, Ind.	70,967	70			8					
Southbridge, Mass.	14,465	12								
Springfield, Ill.	62,623	75	3	2						1
Springfield, Mass.	108,668	124	3	1	2		3		4	1
Springfield, Mo.	41,169	7								4
Springfield, Ohio.	52,296	53			22					2
Steelton, Pa.	15,750		1							
Steuenville, Ohio.	28,259	28	2				3			
Stockton, Cal.	36,209	30	2							1
Superior, Wis.	47,167	14	1							
Syracuse, N. Y.	158,559	180	3		1		3		4	5
Taunton, Mass.	36,610	67			4		3		1	
Toledo, Ohio.	202,010	199	2	2	1		7		6	9
Topeka, Kans.	49,538	45					2			
Trenton, N. J.	113,974	336	4	1	4				2	2
Troy, N. Y.	78,094	186	1						2	1
Tuscaloosa, Ala.	10,824	12	3						7	
Uniontown, Pa.	21,600						1			
Vallejo, Cal.	13,803	28					1			
Waco, Tex.	34,015	46							2	2
Waltham, Mass.	31,011	23			1				1	
Washington, D. C.	389,282	505	9	1	1		2		16	18
Watertown, N. Y.	30,404	28								
Wausau, Wis.	19,666	18							3	
Westfield, Mass.	18,769	30	2						1	1
West Hoboken, N. J.	44,386	25								
Wheeling, W. Va.	43,657	35							1	
Wichita, Kans.	73,597		1							
Wilkes-Barre, Pa.	78,334		1		1		2			
Wilmington, Del.	65,369	196	3	1						
Winchester, Mass.	10,812	2								
Winona, Minn.	18,583	35								
Winston-Salem, N. C.	33,136	79	2						1	1
Winthrop, Mass.	13,105	2					1			
Woburn, Mass.	16,076	10					2			
Worcester, Mass.	166,106	156		1			3		4	5
Yonkers, N. Y.	108,066	136	5	1					14	5
Zanesville, Ohio.	31,320	28								

1 Population Apr. 15, 1910.

## FOREIGN AND INSULAR.

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### INFLUENZA ON VESSELS.

#### Steamships at Habana, Cuba, and Ponta Delgada, Azores.

At Habana, Cuba, four cases of influenza were found on the steamship *Excelsior* from New Orleans, October 19, 1918, and two additional cases October 20, 1918. On October 22, 1918, six cases of influenza were found on the steamship *Morro Castle*.

At Ponta Delgada, Azores, the arrival of many cases of influenza, all of the bronchopneumonic form, on vessels mainly from European ports, was reported early in October, 1918. On October 4, 1918, the arrival of a vessel from Lisbon, Portugal, with most of her crew ill with influenza, was reported.

#### AZORES.

##### Influenza—Ponta Delgada—St. Michael.

During the week ended November 2, 1918, 120 fatal cases of influenza were reported at Ponta Delgada, Azores. At St. Michael, during the same period, epidemic prevalence of influenza was reported.

#### BRITISH HONDURAS.

##### Influenza—Belize.

Influenza was reported present October 30, 1918, at Belize and in the surrounding country.

#### CUBA.

##### Quarantine Measures on Account of Influenza.

A circular of the Cuban quarantine service, dated October 29, 1918, prescribes measures to be enforced at all ports in Cuba against arrivals from foreign ports and vessels engaged in coastwise or interior navigation, as follows:

The sick shall be landed and sent to hospital if there exists in the town a hospital appropriate to such cases. If no such hospital is available, the sick shall be kept on board and isolated. The compartments that have been occupied by the sick, and any other part of the vessel which may be considered as possibly infected, shall be fumigated. The clothing and bed clothing of the sick shall also be fumigated. Convalescents shall be detained on board as long as they cough. All vessels in the port must be inspected at frequent intervals.

## Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Disease.	Oct. 1-10, 1918.		Remain- ing under treat- ment Oct. 10, 1918.
	New cases.	Deaths.	
Cerebrospinal meningitis.....			<sup>1</sup> 1
Diphtheria.....	4		3
Leprosy.....			17
Malaria.....	<sup>2</sup> 21		<sup>2</sup> 45
Paratyphoid fever.....	2		4
Scarlet fever.....			<sup>1</sup> 1
Typhoid fever.....	12	1	<sup>3</sup> 122

<sup>1</sup> Foreign.<sup>2</sup> From the interior, 39.<sup>3</sup> From the interior, 67.

## Influenza—Habana

According to information dated October 29, 1918, a total of 1,252 cases of influenza had been reported at Habana to that date. An estimate of the actual occurrence places the number of cases at about 2,500. During the 24-hour period ended October 29, 1918, 208 new cases were notified. Cases were reported October 19, 20, and 22 on vessels arriving at Habana from ports of the United States.

## DOMINICAN REPUBLIC.

## Quarantine Measures on Account of Influenza.

According to information contained in a circular issued under date of October 18, 1918, by the department of External Relations of the Dominican Republic, the sanitary authorities of the Republic had established quarantine on account of influenza. All cases of influenza arriving at a Dominican port shall be placed in quarantine and cared for until recovery at the charge of the vessel or maritime company which has conveyed them to such port.

## FRANCE.

## Influenza—Bordeaux—Havre—Paris.

In September, 1918, influenza was reported at Bordeaux, with considerable mortality occurring in connection with pneumonia, dysentery, and meningitis. At Havre, 22 fatal cases were reported during the last week in September, 1918. At Paris, 90 fatal cases were reported during the month of September, 1918.

## GREECE.

## Influenza—Kalamata—Saloniki.

Influenza was reported present at Kalamata, Greece, among the civil population during the months of August and September, 1918, and at Saloniki during the month of September, 1918.

**GUATEMALA.****Yellow Fever—Escuintla—San Jose.**

On November 4, 1918, yellow fever was reported present in Guatemala as follows: Escuintla, 3 cases; San Jose, 1 case. Both localities are situated in the department of Escuintla, the city of Escuintla being situated a few miles inland and San Jose on the Pacific Ocean coast.

**ITALY.****Cholera—Occurrence Among Troops—1915-16.**

A report on the organization of the sanitary services in the Italian Army, which appeared in the Bulletin Mensuel Office International d'Hygiène Publique, July, 1918, states that two epidemics of cholera occurred in 1915 among troops of the Italian Army, the first epidemic occurring in the second and third armies, and the second among troops of the second army. Both epidemics were confined to the units in which the outbreaks occurred. In 1916 a cholera outbreak occurred in July in two units of combatant troops on the lower Isonzo. The epidemic was suppressed in a few days.

**Influenza—Florence—Leghorn—Messina.**

Influenza has been reported in Italy as follows: At Florence, present in September, 1918, with a few cases; at Leghorn, October 6, 1918, with the greatest prevalence among troops; at Messina, during the week ended October 5, 1918, with 2,755 cases.

**PORTO RICO.****Quarantine Measures Against Influenza.**

According to information dated October 23, 1918, quarantine boarding officers at Porto Rican ports had been instructed to board vessels arriving from United States ports and to report such cases of influenza as may be found.

**SENEGAL.****Influenza—Dakar.**

During the period from September 19 to 29, 1918, 221 fatal cases of influenza were reported at Dakar, Senegal. Of these, 22 cases occurred among Europeans, 30 among South Americans, and 169 among natives.

**SPAIN.****Influenza—Huelva.**

During the month of August, 1918, influenza was reported present at Huelva and in the surrounding district.

**VENEZUELA.****Influenza—La Guayra.**

A serious outbreak of influenza, with many fatalities, was reported at La Guayra, Venezuela, October 25, 1918.

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.****Reports Received During Week Ended Nov. 15, 1918.<sup>1</sup>****CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>India:</b>				
Bombay.....	June 23-29.....	4	2	
Do.....	June 30-Aug. 17.....	16	9	
Calcutta.....	Aug. 18-24.....	.....	11	
Rangoon.....	July 14-20.....	1	1	
<b>Philippine Islands:</b>				
Manila.....	Sept. 22-28.....	5	4	Sept. 22-28, 1918: Cases, 89; deaths, 54, including 11 cases and 5 deaths not previously reported in Bohol and Cebu.
<b>Provinces:</b>				
Bohol.....	Sept. 22-28.....	37	37	
Cavite.....	do.....	1	.....	
Cebu.....	do.....	10	5	
Misamis.....	do.....	4	3	
Oriental Negros.....	do.....	10	4	
Rosogon.....	do.....	3	1	
Surigao.....	do.....	4	4	

**PLAGUE.**

<b>Algeria:</b>				
Algiers.....	Sept. 1-30.....	1	.....	
<b>Ceylon:</b>				
Colombo.....	Aug. 18-24.....	1	1	July 7-Aug. 24, 1918: Cases, 10,769; deaths, 7,739.
<b>India:</b>				
Bombay.....	June 16-29.....	62	54	
Do.....	June 30-Aug. 17.....	75	61	
Madras Presidency.....	June 16-22.....	45	27	
Rangoon.....	July 14-20.....	22	22	
<b>Mesopotamia:</b>				
Bagdad.....	July 27-Aug. 2.....	4	2	

**SMALLPOX.**

<b>Brazil:</b>				
Rio de Janeiro.....	Aug. 4-24.....	75	16	
<b>Canada:</b>				
Nova Scotia— Halifax.....	Oct. 20-Nov. 3.....	10	.....	
<b>China:</b>				
Amoy.....	Sept. 2-25.....	.....	.....	Present.
<b>Colombia:</b>				
Barranquilla.....	Oct. 13-19.....	1	.....	Originating in jail.
<b>Cuba:</b>				
Cienfuegos.....	Oct. 20-26.....	2	2	
<b>Denmark:</b>				
Copenhagen.....	Sept. 15-28.....	5	.....	
<b>France:</b>				
Paris.....	Sept. 1-7.....	1	2	
<b>India:</b>				
Bombay.....	June 16-29.....	35	21	
Do.....	June 30-Aug. 17.....	43	19	
Calcutta.....	Aug. 18-Sept. 7.....	.....	9	
Madras.....	June 16-22.....	9	6	
Rangoon.....	July 14-20.....	4	4	
<b>Italy:</b>				
Milan.....	July 1-31.....	24	.....	
<b>Japan:</b>				
Taihoku.....	Sept. 3-16.....	5	1	Island of Formosa.
<b>Newfoundland:</b>				
Rencontre.....	Oct. 10-25.....	5	.....	
St. John's.....	do.....	1	.....	
<b>Philippine Islands:</b>				
Manila.....	Sept. 22-28.....	1	.....	
<b>Portugal:</b>				
Lisbon.....	Sept. 22-Oct. 5.....	90	.....	
<b>Siberia:</b>				
Vladivostok.....	July 1-Aug. 31.....	5	1	

<sup>1</sup> From medical officers of the Public Health Service, American consuls, and other sources.



# **CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**

**Reports Received During Week Ended Nov. 15, 1918—Continued.**

## **TYPHUS FEVER.**

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Tsingtau.....	Sept. 16-22.....	2	.....	
Greece:				
Athens.....	June 12-30.....	2	.....	
Saloniki.....	Sept. 8-28.....		33	
Japan:				
Nagasaki.....	Oct. 2-8.....	7	.....	
Siberia:				
Vladivostok.....	Aug. 1-31.....	5	.....	
Tunisia:				
Tunis.....	Sept. 28-Oct. 4.....		1	
Union of South Africa:				
Port Elizabeth district.....	.....			Sept. 1-14, 1918: Present in interior towns.

## **YELLOW FEVER.**

Guatemala:				
Escuintla.....	.....			Nov. 4, 1918: Three cases present.
San Jose.....	.....			Nov. 4, 1918: One case present.

**Reports Received from June 29 to Nov. 8, 1918.**

## **CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
Albania.....	.....			Aug. 7, 1918: Present.
Austria-Hungary:				
Hungary.....	.....			July 26, 1918: Present.
India:				
Bombay.....	Mar. 17-June 15.....	8	6	
Calcutta.....	Apr. 14-June 29.....		453	May 19-June 1, 1918: Deaths, 74.
Do.....	June 30-July 29.....		56	
Madras.....	Mar. 24-June 1.....	7	4	
Do.....	July 6-Aug. 13.....	36	21	
Mandalay.....	May 5-June 15.....		8	
Mergul.....	May 19-25.....		1	
Pegu.....	May 25-June 1.....		1	
Rangoon.....	Mar. 30-May 18.....	25	19	
Do.....	June 20-July 13.....	2	1	
Indo-China.....				
Anam.....	Mar. 1-Apr. 30.....	7	5	Jan. 1-Apr. 30, 1918: Cases, 437; deaths, 302.
Cambodia.....	Jan. 1-Apr. 30.....	248	186	
Cochin-China.....	do.....	165	111	May 20-June 16, 1918: Cases, 66; deaths, 55.
Cholon.....	May 20-June 16.....	4		
Saigon.....	Apr. 20-Sept. 1.....	93	19	
Tonkin.....	Jan. 1-Apr. 30.....	7	43	
Java:				
East Java—				
Surabaya.....	June 6-12.....	13	3	Present July 24.
Do.....	June 25-Aug. 26.....	506	424	
Mid-Java.....				Apr. 18-June 26, 1918: Cases, 864; deaths, 653. June 27-Aug. 21, 1918: Cases, 1,055; deaths, 709. Present.
Samarang.....	July 24.....			Feb. 22-June 27, 1918: Cases, 1,432; deaths, 869; June 28-Aug. 14, 1918: Cases, 941; deaths, 578.
West Java.....				
Batavia.....	Feb. 22-June 27.....	231	103	
Do.....	June 28-Aug. 14.....	76	52	
Cheribon.....	June 7-27.....	146	111	
Persia.....				June 16-23, 1918: Deaths, 191.
Provinces—				
Chiraz.....	June 27.....			Present, especially among tribes of Gashgaye and in the city of Darab.
Kazvine.....	June 12-15.....			Present.
Kars Province—				
Kazaroun.....				December, 1917: 3 or 4 deaths reported daily.
Ma'hour-Milati.....				Present in December, 1917, with about 300 fatal cases reported.

# **CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**

**Reports Received from June 29 to Nov. 8, 1918—Continued.**

## **CHOLERA—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Persia—Continued.</b>				
<b>Provinces—Continued.</b>				
Kerman Province—				
Kerman.....				Outbreak, Feb. 5, 1918.
Khorasan.....				Oct. 2-Nov. 16, 1917: Cases, 78; deaths, 56. In 7 localities.
Seistan.....				Nov. 4, 1917: Cases, 6. A part of this Province or region extends into Afghanistan.
<b>Philippine Islands:</b>				
<b>Provinces.</b>				
Bohol.....	Apr. 28-June 29...	65	53	Apr. 28-June 29, 1918: Cases, 677; deaths, 428. June 30-Sept. 21, 1918: Cases, 1,526; deaths, 573.
Do.....	July 7-Sept. 21...	408	263	
Capiz.....	Apr. 28-May 4.....	1	1	
Cebu.....	May 5-June 22.....	35	10	
Do.....	June 30-Sept. 21...	449	266	
Leyte.....	Apr. 28-June 29.....	108	39	
Do.....	June 30-Sept. 7.....	38	35	
Misamis.....	Apr. 28-June 22.....	294	163	
Do.....	June 30-Sept. 14...	312	103	
Oriental Negros.....	June 3-29.....	42	23	
Do.....	June 30-Sept. 21...	119	57	
Sorsogon.....	June 2-29.....	112	100	
Do.....	July 14-Sept. 21.....	161	67	
Surigao.....	Apr. 28-June 22.....	92	89	
Do.....	June 30-Aug. 17.....	13	13	
<b>Russia:</b>				
Astara.....	Jan. 9-Feb. 27.....	58	48	In vicinity, Feb. 11-23, 1918: Cases, 17; deaths, 14. Province of Transcaucasia.
Petrograd.....	July 7.....			Present.
<b>Sweden:</b>				
Stockholm.....	July 15.....	5	1	From S. S. Angermanland from Petrograd, Russia.
<b>Switzerland.</b>				
On vessel:				July 26, 1918: Present.
S. S. Angermanland.....	July 14.....	8	1	At Stockholm; from Petrograd.

## **PLAGUE.**

Arabia:				
Aden.....	May 22-28.....		1	
Argentina:				
Buenos Aires.....	Apr. 20-May 22....	16	2	In March, 1918; 3 cases in an institution.
Tucuman.....				
Brazil:				
Bahia.....	June 16-22.....	1	1	
Ceylon:				
Colombo.....	Mar. 23-June 29....	22	21	
Do.....	June 30-July 6....	1	1	
China:				
Amoy.....	July 22-Aug. 18....			Present.
Hongkong.....	Apr. 14-June 29....	124	94	
Do.....	June 30-Sept. 7....	130	104	
Ecuador:				
Duran.....	Apr. 1-30.....	2		
Guayaquil.....	May 1-June 15.....	28	10	
Do.....	July 1-Aug. 31.....	1	1	Feb. 1-28, 1918; Cases, 22; deaths, 8.
Egypt.....				Jan. 1-July 4, 1918: Cases, 438; deaths, 228.
Port Said.....	May 19-21.....	2	1	1 pneumonic.
Do.....	July 4.....	1	1	
Provinces—				
Assiout.....	July 27-29.....	2	1	
Bent-Souef.....	Apr. 26-30.....	2	1	
Fayoum.....	Apr. 21-June 27....	10	4	
Gizeh.....	June 30.....	1		
Keneh.....	May 16.....	1	1	
Mitneh.....	Apr. 23-June 10....	33	14	5 septicemic.
Do.....	June 27-July 4.....	17	4	1 pneumonic.

# **CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**

**Reports Received from June 29 to Nov. 8, 1918—Continued.**

## **PLAGUE—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Great Britain:				
Erwarton.....	June 19.....	1	1	Rural district, Samford, East Suffolk.
London, Port.....	Aug. 17.....	5		On vessel from Calcutta.
Rochester.....	June 2.....	1	1	From S. S. Somali at Gravesend from Bombay.
India:				Mar. 31-June 29, 1918: Cases, 163,977; deaths, 132,917. June 30-July 6, 1918: Cases, 1,342; deaths, 988.
Bassein.....	Mar. 25-June 15.....		149	
Do.....	July 7-27.....		9	
Bombay.....	Mar. 24-June 15.....	939	750	
Calcutta.....	Apr. 14-June 29.....		110	May 19-June 1, 1918; Deaths, 30;
Do.....	June 30-July 20.....		10	
Henzada.....	Mar. 24-June 29.....		23	
Karachi.....	Apr. 21-June 29.....	879	807	
Do.....	June 30-Aug. 17.....	26	24	
Madras Presidency.....	Mar. 24-June 15.....	493	362	Mar. 17-May 4, 1918; Cases, 1,133; deaths, 820.
Do.....	July 14-Aug. 10.....	671	494	
Mandalay.....	Mar. 17-Apr. 20.....		52	
Moulmein.....	Mar. 24-June 29.....		144	
Do.....	July 7-27.....		16	
Myingyan.....	Mar. 17-Apr. 14.....		10	
Pegu.....	Apr. 14-June 29.....		14	
Do.....	July 7-20.....		3	
Prome.....	Mar. 24-June 15.....		34	
Do.....	July 7-27.....		38	
Rangoon.....	Mar. 30-June 22.....	433	418	
Do.....	June 30-Aug. 10.....	170	165	
Toungoo.....	Mar. 24-Apr. 27.....		59	
Indo-China:				Jan. 1-Feb. 28, 1918: Cases, 722; deaths, 534.
Anam.....	Jan. 1-Apr. 30.....	127	76	
Cambodia.....	do.....	290	278	
Cochin-China.....	do.....	227	121	May 29-June 8, 1918; Cases, 66; deaths, 30.
Cholon.....	May 30-June 8.....	12	6	
Saigon.....	Apr. 29-Aug. 25.....	72	42	
Kwang-Chow-Wan.....	Mar. 1-Apr. 30.....	63	38	
Laos.....	Feb. 1-28.....	4	2	
Tonkin.....	Mar. 1-Apr. 30.....	21	19	
Java:				Jan. 15-Apr. 22, 1918: Cases, 328; deaths, 226.
East Java:				
Residences—				
Djoejakarta.....	Jan. 15-Apr. 8.....	3	34	
Kediri.....	do.....	13	10	
Madison.....	do.....	30	30	
Samarang.....	do.....	82	81	
Surabaya.....	do.....	97	97	June 11-24, 1918: Cases, 21; deaths, 21. June 25-Aug. 26; 1918: Cases, 37; deaths, 37.
Surakarta.....	do.....	12	12	
Mid-Java.....	July 11-17.....	10	10	
Samarang.....	Aug. 15-21.....	19	19	
West Java.....				Aug. 17-28, 1918: Cases, 73 deaths, 46.
Batavia.....	Aug. 17-28.....	49	28	
Mesopotamia:				Present.
Amara.....	May 21-27.....			Do.
Bassora.....	do.....			Jan. 1-June 30, 1917: Cases, 245; deaths, 122. July 1-Dec. 31, 1917: Cases, 169; deaths, 89. For distribution according to departments, see Public Health Reports, July 26, 1918, p. 1261. Apr. 1-May 31, 1918: Cases, 71.
Peru:				Aug. 30, 1918: Present in northern Rhodesia.
Departments—				
Ancachs.....	Apr. 1-15.....	1		
Cajamarca.....	Apr. 16-May 31.....	7		
Lambayeque.....	do.....	8		
Libertad.....	Apr. 1-May 31.....	49		
Lima.....	do.....	6		
Piura.....	do.....	9		
Rhodesia:				
Siam:				
Bangkok.....	May 10-June 29.....	82	62	
Do.....	July 2-Aug. 31.....	43	35	
Straits Settlements:				
Penang.....	June 2-29.....	6	6	
Do.....	June 30-Aug. 17.....	8	7	
Singapore.....	Apr. 2-June 22.....	61	53	
Do.....	June 30-Aug. 17.....	9	6	
On vessels:				
S. S. Hector.....	Aug. 10-21.....			At Gravesend, Port of London, 6 members of crew.
S. S. Mora.....	Aug. 31.....	3	2	At Dundee, Scotland, from Calcutta. One of cases pneumonic

# CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 29 to Nov. 8, 1918—Continued.

## PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
On vessels—Continued.				
S. S. Somali.....	May 19.....	3	1	At Gravesend, England, from Bombay. Further case developed June 2 in member of crew at Rochester, England.
S. S. Sunning.....	.....	.....	1	Local steamer at Shanghai; reported Aug. 14, 1918.

## SMALLPOX.

Algeria:				
Algiers.....	May 1-June 30.....	121	34	
Do.....	July 1-31.....	1		
Brazil:				
Bahia.....	May 5-June 22.....	2		
Rio de Janeiro.....	May 5-June 29.....	30	4	
Do.....	June 20-Aug. 3.....	80	17	
Santos.....	Apr. 22-28.....		1	
British East Africa:				
Mombasa.....	Jan. 1-June 30.....		5	
Canada:				
British Columbia—				
Victoria.....	June 23-29.....	4		
Do.....	July 7-Aug. 3.....	2		
Manitoba—				
Winnipeg.....	June 9-22.....	5		
Do.....	July 7-26.....	4		
New Brunswick—				
Moncton.....	June 16-22.....	2		
Do.....	July 7-13.....	4		
Nova Scotia—				
Halifax.....	June 22-28.....	10		
Do.....	June 30-Oct. 19.....	106		
Sydney.....	June 30-Aug. 31.....	3		
Ontario.....				June 1-30, 1918: Cases, 15. July
Gloucester.....	Aug. 1-31.....	1		1-31, 1918: Cases, 38.
Nipissing district.....	do.....	5	1	In Indian settlement.
Ottawa.....	do.....	8		
Wallaceburg.....	do.....	2		
Windsor.....	July 21-27.....	1		
Prince Edward Island—				
Summerside.....	July 9-15.....	1		
Quebec—				
Montreal.....	July 7-13.....	1		
Canal Zone:				
Colon.....	Sept. 22-28.....	1		
Panama.....	Aug. 12-Sept. 28.....	80		
Ceylon:				
Colombo.....	Mar. 22-June 29.....	30	2	
Do.....	June 30-July 27.....	8	2	
China:				
Amoy.....	Apr. 1-June 29.....			Present.
Do.....	June 30-Sept. 1.....			Do.
Antung.....	May 22-Aug. 4.....	7	1	
Chungking.....	May 12-June 29.....			Do.
Do.....	July 21-Aug. 24.....			Do.
Dairen.....	May 7-July 1.....	51	10	
Do.....	July 2-15.....	6	1	
Foochow.....	Aug. 18-21.....			Do.
Hailar Station.....	Feb. 12-18.....	2		Chinese Eastern Ry.
Harbin.....	Mar. 20-June 3.....	4		Do.
Do.....	July 1-7.....	2		Do.
Manchuria Station.....	Feb. 19-June 9.....	5		Do.
Hongkong.....	Apr. 6-June 8.....	19	2	
Do.....	July 28-Aug. 3.....	1	1	
Nanking.....	June 16-22.....			Present.
Do.....	June 30-Aug. 31.....			Do.
Shanghai.....	Apr. 21-June 2.....	3		
Tientsin.....	May 19-June 15.....	10		
Tsingtau.....	May 6-June 30.....	28	1	
Do.....	July 1-14.....	4		
Chosen (Korea):				
Chemulpo.....	July 1-31.....	2	1	

# **CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**

**Reports Received from June 29 to Nov. 8, 1918—Continued.**

## **SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Colombia:				
Barranquilla.....	July 14-Aug. 31...	3	1	
Cartagena.....	May 21-July 1.....		2	
Do.....	July 8-Aug. 19.....		2	
Denmark:				
Copenhagen.....	June 16-22.....	13		
Do.....	July 29-Sept. 7.....	9		
Ecuador:				
Guayaquil.....	Apr. 1-30.....	2		
Egypt:				
Alexandria.....	May 7-13.....	1		
France:				
La Rochelle.....	June 2-8.....	1	1	
Paris.....	Apr. 21-June 29.....	14	3	
Do.....	June 30-Aug. 31.....	18	3	
Rouen.....	May 12-June 15.....	6		Including varioloid.
Germany.....				Mar. 24-June 1, 1918: Cases, 29.
Great Britain:				
Liverpool.....	June 9-15.....	1		From vessel.
Greece:				
Kalamata.....	June 26.....			Present.
India:				
Bombay.....	Mar. 24-June 15.....	1,132	553	
Calcutta.....	Apr. 14-June 29.....		246	
Do.....	June 30-July 20.....		48	
Karachi.....	Apr. 6-June 29.....	206	149	
Do.....	June 30-July 20.....	22	3	
Madras.....	Mar. 21-June 15.....	77	27	
Do.....	June 30-Aug. 10.....	82	24	Mar. 17-May 4, 1918: Cases, 77;
Rangoon.....	Mar. 31-June 22.....	81	35	deaths, 33.
Do.....	June 30-Aug. 10.....	5	3	
Indo-China:				
Anam.....	Jan. 1-Apr. 30.....	1,253	149	Jan. 1-Apr. 30, 1918: Cases, 4,043;
Cambodia.....	do.....	173	48	deaths, 888.
Cochin-China.....	do.....	1,967	607	May 20-June 16, 1918: Cases, 67;
Cholon.....	May 29-June 16.....	1		deaths, 24.
Saigon.....	July 30-Aug. 25.....	31	4	
Kwang-Chow-Wan.....	Feb. 1-Apr. 30.....	122	68	
Laos.....	Jan. 1-Feb. 28.....	8	1	
Tonkin.....	Jan. 1-Apr. 30.....	514	55	
Italy:				
Genoa.....	June 14-30.....	19	5	
Do.....	July 2-Aug. 15.....	30	7	
Mezzojuso.....	May 29.....			Many cases. Province of Paler-
Milan.....				mo, Sicily.
Palermo.....	May 30-June 5.....	1		In April, 1918: Cases, 2. May 1-
Turin.....	Apr. 15-June 9.....	16	1	31, 1918: Cases, 54.
Japan:				
Kobe.....	Aug. 18-31.....	2	2	
Nagasaki.....	May 2-June 30.....	14	2	
Do.....	July 3-21.....	1	1	
Taihoku.....	May 21-July 1.....	18	9	
Do.....	July 2-Sept. 2.....	4	2	Island of Formosa.
Tokyo.....	May 5-June 23.....	24	3	Feb. 14-Mar. 13, 1918: Cases, 15.
Java:				
East Java.....				
Surabaya.....	Feb. 26-June 21.....	10	3	Feb. 12-Apr. 22, 1918: Cases, 26;
Do.....	June 25-Aug. 31.....	51		deaths, 4.
Mid-Java.....				Feb. 14-June 23, 1918: Cases, 114;
West Java.....				deaths, 3. June 27-Aug. 31,
Batavia.....	Feb. 2-June 27.....	108	50	1918: Cases, 104; deaths, 4.
Do.....	June 28-Aug. 7.....	118	90	Feb. 22-June 27, 1918: Cases, 403;
Mesopotamia:				deaths, 148. June 28-Aug. 14,
Bagdad.....	Mar. 6-June 28.....	47	7	1918: Cases, 447; deaths, 171.
Do.....	June 30-July 12.....	3		
Mexico:				
Aguascalientes.....	June 10-16.....		1	
Guadalajara.....	June 1-30.....	3		
Do.....	July 1-31.....	1		
Mazatlan.....	June 5-25.....		2	
Do.....	July 3-Aug. 6.....		3	
Mexico City.....	May 19-June 22.....	78		
Do.....	June 30-Sept. 21.....	52		
Vera Cruz.....	Sept. 16-22.....	3		



# **CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**

**Reports Received from June 29 to Nov. 8, 1918—Continued.**

## **SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Newfoundland:</b>				
Arnold's Cove.....	Oct. 12-18.....	1		
Bay Roberts.....	Aug. 23-Sept. 13....	8		
Bell Island.....	Sept. 21.....	1		
Carmanville.....	Aug. 31-Sept. 6....	2		
Colliers.....	Aug. 31-Oct. 11....	12		
East Wabana.....	Aug. 23-30.....	1		
Greenspond.....	Sept. 21.....	2		
Keels.....	Oct. 5-11.....	4		
Musgrave Harbor.....	Sept. 21.....	1		
St. Johns.....	Sept. 28-Oct. 11....	2		
Shearstown.....	Sept. 21.....	2		
Spaniards Bay.....	Oct. 5-11.....	1		
Trout River.....	Sept. 21.....	2		
Wabana.....	Aug. 31-Sept. 6....	18		Bell Island.
Wadhams.....	Sept. 7-13.....	7		
<b>Philippine Islands:</b>				
Manila.....	Apr. 8-June 29....	884	616	Varioloid: Cases, 178; 1 death.
Do.....	June 30-Sept. 7....	122	95	Varioloid: Cases, 11; 1 death.
<b>Portugal:</b>				
Lisbon.....	Feb. 24-June 29....	97		
Do.....	June 30-Sept. 14....	228		
<b>Russia:</b>				
Archangel (government)...	June 1-30.....	60		
Lithuania.....	Mar. 3-May 4.....	88	3	
Vladivostok.....	June 15-30.....	8	2	
<b>Siam:</b>				
Bangkok.....	May 11-June 29....	9	3	
Do.....	July 14-Aug. 17....	2	3	
<b>Siberia:</b>				
Vladivostok.....	May 1-June 15....	31	5	
<b>Spain:</b>				
Coruna.....	Apr. 28-June 30....	1	1	
Do.....	July 15-Aug. 11....		2	
Malaga.....	Dec. 1-31.....		29	
Do.....	Jan. 1-31.....		16	
Seville.....	Apr. 1-May 31.....		2	
Do.....	July 1-31.....		4	
Valencia.....	Aug. 11-31.....	5		
<b>Straits Settlements:</b>				
Penang.....	May 5-11.....	2		
<b>Sweden:</b>				
Stockholm.....	June 9-15.....	10		
<b>Tunisia:</b>				
Tunis.....	July 20-Sept. 27....		7	
<b>Union of South Africa:</b>				
Cape Town.....	July 20-Aug. 2....	1		From overseas, in a Nigerian soldier.
Johannesburg.....	Feb. 1-Apr. 30....	37		1 case. At Liverpool, England.
<b>On vessel.....</b>				

## **TYPHUS FEVER.**

<b>Argentina:</b>				
Rosario.....	Apr. 1-May 31.....		2	
<b>Austria-Hungary:</b>				
Hungary.....				Feb. 25-Apr. 28, 1918: Cases, 299; deaths, 9.
Budapest.....	Feb. 25-Apr. 28....	51	1	
<b>Brazil:</b>				
Rio de Janeiro.....	May 26-June 8....	2		
Do.....	July 7-13.....	1		
<b>Canada:</b>				
Ontario—				
Toronto.....	Sept. 1-7.....	1		
<b>China:</b>				
Antung.....	May 20-June 9....	4		
Do.....	July 8-Sept. 15....	9		
Changsha.....	May 11-17.....	2	1	
Harbin.....	Jan. 1-June 16....	37		On Chinese Eastern Ry.
Do.....	July 1-7.....	1		
Manchuria Station.....	Jan. 15-June 30....	41		Do.
Do.....	July 1-14.....	3		
Pogranichnaya.....	May 20-June 16....	4		
Shanghai.....	May 5-11.....		1	
Do.....	July 14-20.....	1		

# **CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**

**Reports Received from June 29 to Nov. 8, 1918—Continued.**

## **TYPHUS FEVER—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Chosen (Korea):				
Seoul.....	June 1-30.....	17	4	
Do.....	July 1-Aug. 31.....	5	2	
Colombia:				
Barranquilla.....	Aug. 25-Sept. 7.....		2	
Egypt:				
Alexandria.....	Aug. 5-July 1.....	1,362	321	
Do.....	July 2-Sept. 23.....	439	117	
Germany.....				Apr. 14-May 11, 1918: Cases, 54; deaths, 4. In addition, 101 cases among prisoners of war, of which 99 in Königsberg and 1 in Oppeln, and 3 cases among the repatriated from Volhynia, Russia.
Great Britain:				
Belfast.....	May 26-June 1.....	1		
Edinburgh.....	June 9-15.....		1	
Glasgow.....	May 19-June 29.....	13	5	
Do.....	July 21-Aug. 3.....	3		
Greece:				
Athens.....	Apr. 14-May 13.....		5	
Janina.....	Aug. 29.....	15		And in vicinity.
Saloniki.....	Apr. 28-June 29.....		36	
Do.....	June 30-Sept. 7.....		60	
Italy:				
Corato.....	May 6-June 2.....	4		Province of Bari.
Do.....	Aug. 18-24.....	2		
Moneta.....	May 6-June 9.....	25		Do.
Naples.....	Apr. 20-May 5.....	1		
Japan:				
Kobe.....	July 7-Aug. 3.....	10	5	
Nagasaki.....	May 27-June 23.....	1	1	
Do.....	July 3-Sept. 29.....	14	4	
Tokyo.....	June 24-July 7.....	1		
Java:				
East Java.....				Feb. 12-Apr. 8, 1918: Cases, 29; deaths, 8.
Surabaya.....	Feb. 12-Apr. 8.....	22	6	
Mid-Java.....				Feb. 14-May 22, 1918: Cases, 32; deaths, 4.
Samarang.....	Feb. 21-May 22.....	10	2	
West Java.....				Feb. 28-June 6, 1918: Cases, 89; deaths, 18.
Batavia.....	Feb. 28-June 6.....	61	15	
Mesopotamia:				
Bagdad.....	Mar. 29-June 7.....	101		
Do.....	June 30-July 12.....	5		
Mexico:				
Aguascalientes.....	July 8-14.....		1	
Chihuahua, State—Parral.....	July 10.....			Epidemic: Reported present from about June 15, 1918.
Guadalajara.....	July 1-30.....	5	2	
Do.....	July 1-31.....	5	2	
Mexico City.....	May 19-June 22.....	186		
Do.....	June 30-Sept. 21.....	406		
Portugal:				
Lisbon.....	Feb. 24-May 25.....	5		
Russia:				
Lithuania.....				Mar. 3-May 4, 1918: Cases, 2,514; deaths, 100.
Poland.....				Mar. 10-May 18, 1918: Cases, 8,593; deaths, 766.
Lodz.....	Mar. 10-May 18.....	470	79	
Warsaw.....	Mar. 10-Apr. 27.....	2,428	376	
Siberia:				
Vladivostok.....	May 1-June 13.....	16	2	
Spain:				
Cadix.....	Aug. 1-31.....		1	
Almeria.....	Apr. 1-30.....	1		
Sweden:				
Stockholm.....	Aug. 11-17.....	1		
Tunisia:				
Tunis.....	May 18-June 28.....	10	3	
Do.....	June 29-July 26.....	5	2	
Union of South Africa:				
Cape of Good Hope, State.....				Sept. 10, 1914-Apr. 21, 1918: Cases, 4,587 (European, 34); deaths, 939 (European, 25). June 2-15, 1918: Present in interior towns among natives.
Do.....				July 8-Aug. 3, 1918: Present in interior towns, Port Elizabeth district.
Port Elizabeth.....	Aug. 11-17.....	1		Present in district among natives, Aug. 11-Sept. 3, 1918.
Natal.....				Dec. 1, 1917-Apr. 21, 1918: Cases, 50; deaths, 11.

November 15, 1918.

2030

# **CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**

**Reports Received from June 29 to Nov. 8, 1918—Continued.**

## **YELLOW FEVER.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Brazil:</b>				
Bahia.....	Apr. 27-June 29....	27	9	
Do.....	June 30-July 6....	4	2	
Pernambuco.....	June 1-15.....		1	
Do.....	Oct. 17.....			Present.
<b>Ecuador:</b>				
Guayaquil.....	Apr. 1-June 30....	74	39	
Do.....	July 1-Sept. 15....	76	37	And vicinity. Feb. 16-28, 1918:
Naranjal.....	Apr. 1-June 30....	2	1	Cases, 2.
Do.....	Aug. 1-31.....	1	1	
Punta de Piedra.....	do.....	1		
Vinces.....	do.....	1		
<b>Guatemala:</b>				
San Jose.....	To Sept. 27.....		14	Oct. 2, 1918, present.
Do.....	Sept. 29-Oct. 5....	3	1	